

## OASL SCHOLARSHIP RECOMMENDATION

The Oregon Association of School Libraries (OASL) is offering scholarships to members who are pursuing work in educational media or professional development courses in an institution of higher education. Final awards are based upon probability of success in a media role. Your help is crucial in the selection process. OASL and the applicant on whose behalf you are giving your time are most appreciative.

NAME OF APPLICANT \_\_\_\_\_

RECOMMENDATION PREPARED BY: \_\_\_\_\_

TITLE \_\_\_\_\_

RELATIONSHIP TO APPLICANT:

( ) Supervisor ( ) Colleague ( ) Instructor ( ) Other \_\_\_\_\_

PLEASE write the number which most accurately represents your appraisal of the applicant's qualifications. If you choose not to react to a question, please leave it blank. If any score is lower than a 5, please comment below.

- |    |                                       |   |                |
|----|---------------------------------------|---|----------------|
| 1. | Professional or academic performance  | <u>10 9 8 7 6 5 4 3 2 1 0</u><br>Superior                      Unsatisfactory               | _____          |
|    |                                       |   | your appraisal |
| 2. | Follows through on assignments/duties | <u>10 9 8 7 6 5 4 3 2 1 0</u><br>Always                                      Rarely         | _____          |
|    |                                       |   | your appraisal |
| 3. | Personality                           | <u>10 9 8 7 6 5 4 3 2 1 0</u><br>Outstanding                                      Neutral   | _____          |
|    |                                       |   | your appraisal |
| 4. | Desire to grow professionally         | <u>10 9 8 7 6 5 4 3 2 1 0</u><br>High    Doubtful | _____          |
|    |                                       |   | your appraisal |
| 5. | Innovator                             | <u>10 9 8 7 6 5 4 3 2 1 0</u><br>Frequently                                      Never      | _____          |
|    |                                       |   | your appraisal |
| 6. | Ability to assume a leadership role   | <u>10 9 8 7 6 5 4 3 2 1 0</u><br>Exceptional                                      Doubtful  | _____          |
|    |                                       |   | your appraisal |

Comments:

**PLEASE COMMENT on the following:**

1. How long you have known the applicant and in what capacity?
2. Quality and quantity of applicant's academic and professional experience.
3. Leadership demonstrated by applicant.
4. Evaluation of applicant's potential as a leader in the instructional media and technology field.
5. Special strengths of applicant.

**SIGNATURE:** \_\_\_\_\_

Email this recommendation form to Stuart Levy at [oaslscholarship@gmail.com](mailto:oaslscholarship@gmail.com), or you can mail it to: Stuart Levy, 2911 NE 31<sup>st</sup> Ave., Portland, OR 97212.