

OHSET Scholarship Recommendation

Athlete's Name _____ Team _____

District _____

Please give your assessment of this athlete's participation and eligibility. Consider 10 the highest and 1 the lowest evaluation. "NA" should be circled if you have no knowledge of that category.

Please circle one

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|----------------------|----|---|---|---|---|---|---|---|---|---|----|
| Level of Commitment | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Communication Skills | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Leadership Skills | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Initiative | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Perseverance | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Maturity | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Cooperation | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Team Oriented | NA | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Please give a specific example that illustrates the character of this applicant.

Name _____ Relationship to Athlete _____

Signature _____ Date _____

Email completed form to: state.scholarship@ohset.com or mail to: Donna Espelien, 32744 Gilmore Rd., Scappoose, OR 97056 (If you mail, please sign across the sealed flap.)