Women in Leisure Services – Gamma Chapter

PROFESSIONAL DEVELOPMENT GRANT PROGRAM

RECOMMENDATION FORM

As a key component to the success of our Grant Program, recipients of our grants are expected to be responsible, reliable, hardworking, and well-rounded individuals capable of working well with others. In order to ensure these qualities, we require each applicant to submit a recommendation, which will be considered when her application is reviewed. This evaluation is a confidential document, which will help us determine the individual's strengths and weaknesses. Please be sure to record some of your own personal comments, as this could be a determining factor in whether or not an individual will be awarded a grant. Your time and thoughts are greatly appreciated. **Please contact Kassy Riggle at (714) 327-7526 or kassy.riggle@costamesaca.gov with any questions.**

Applicant's Name:_____

How long have you known or worked with the applicant?_____

Please rate on a scale of 1 to 5: **1** = Needs Improvement **2**= Below Average **3**= Average **4**= Above Average **5**= Outstanding

Ability to communicate written and orally	1	2	3	4	5
Attitude towards peers and supervisors	1	2	3	4	5
Ability to work well with others	1	2	3	4	5
Recognition of personal responsibilities	1	2	3	4	5
Demonstrates leadership ability	1	2	3	4	5
Models professional standards	1	2	3	4	5
Maintains a positive attitude	1	2	3	4	5
Demonstrates strong interpersonal, organizational, and creative skills	1	2	3	4	5
Will represent WILS with dedication and determination	1	2	3	4	5

Overall recommendation: (*check one*) **RECOMMEND** **DO NOT RECOMMEND**

Please use the space provided for additional comments (attach additional page if needed):

_____

_____

_____

Rater's Name: _____ Title: _____

Organization: _____ Email Address: _____

Rater's Signature: _____ Date: _____

Note: After completing this form, please email to kassy.riggle@costamesaca.gov or return it to the applicant in a sealed envelope marked with the applicant's name.