

**TRU CO-OP STUDENT OF THE YEAR AWARD
ORGANIZATION/EMPLOYER SUPPORT FORM**

Student Applicant Name:	
Student Applicant Institution:	
Student Supervisor Name:	
Organization/Employer:	
Dates of Co-op Work Term:	

1. Basic duties of the student while with organization. (Max 250 words)

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2. Describe how the student made a significant contribution (i.e., to your workplace, your stakeholders, project completion, bottom line, strategic goals, etc.). Please use at least one example and indicate the impact to the organization. (Max 250 words)

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3. Did you give the student extra duties or opportunities because they performed above expectations and if so, please provide an example. (Max 250 words)

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4. Do you have other comments that you think the awards committee should know? (max 250 words)

Signature (required):	Date:
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