

## STAFF DREAM FUND

### STATEMENT OF SUPPORT – ODU COLLEAGUE

Name of applicant \_\_\_\_\_ Phone \_\_\_\_\_

Colleague completing form \_\_\_\_\_  
Phone \_\_\_\_\_

How long have you known this employee? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Describe how you think this employee meets the requirement that an applicant for this award is a meritorious employee, and/or who demonstrates the [ODU Service Standards](#).

Describe the value of this employee's "citizenship" in the ODU community – Do you know if this employee is active with any committees on campus?

Has the employee described/discussed their dream with you? If so, what have they shared with you about their dream?

How do you think the realization of this employee's dream might impact this employee and/or the work unit afterwards?

