



REFERENCE FORM FOR DEAN OR PROGRAM OFFICER  
2010 WEST VIRGINIA HEALTH CARE FOUNDATION  
SCHOLARSHIP PROGRAM

**Please send this form directly to Sharon Mullins at the WVHCA Foundation by the deadline of March 1, 2010.** Foundation contact information is on page 2.

**APPLICANT: Please fill out contact information, sign and give to your program officer**

Student's Full Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Telephone: \_\_\_\_\_ Student's email: \_\_\_\_\_

**I, the undersigned do hereby authorize documentation of my educational status to the West Virginia Health Care Foundation Scholarship Program.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Student's signature**

**Dean or Program Officer:**

1. Is the above-named student currently enrolled and in good academic and professional standing in the school listed above? \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Enrollment date                      \_\_\_\_\_ Expected graduation date                      \_\_\_\_\_ Grade Point Average

2. How long have you known the applicant? \_\_\_\_\_ Do not know the applicant. \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

3. Please evaluate the applicant according to the following criteria by checking the appropriate box.

Characteristic	Excellent	Above Average	Average	Below Average	Unknown
Breadth of Knowledge					
Clinical Competence					
Professional Demeanor					
Interpersonal Skills					

Does the applicant possess any special assets that should be noted? If yes, please describe.

Reference for \_\_\_\_\_ (applicant's name)

**REFERENCE:**

This recommendation, for the person whose name appears above, will be used solely for evaluation by the West Virginia Foundation Scholarship Program which provides scholarship assistance to current employees of facility members of the West Virginia Health Care Association.

I highly recommend this applicant.

I recommend this applicant, but with some reservation.

I recommend this applicant.

I am not able to recommend this applicant.

\_\_\_\_\_  
Signature of Dean or Program Officer

\_\_\_\_\_  
College or University

\_\_\_\_\_  
Name typed or printed

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Telephone

**Thank you for forwarding this form before March 1, 2010 directly to:**

Sharon Mullins, Foundation Secretary/Treasurer

West Virginia Health Care Association, 110 Association Drive, Charleston, WV 25311

Telephone: 304-346-4575 Fax: 304-342-0519 Email: [smullins@wvhca.org](mailto:smullins@wvhca.org)



**REFERENCE FORM FOR FACILITY ADMINISTRATOR  
2010 WEST VIRGINIA HEALTH CARE FOUNDATION  
SCHOLARSHIP PROGRAM**

Administrator: Please send this form directly to Sharon Mullins at the WVHCA Foundation by the deadline of March 1, 2010. Contact information is on page 2.

**APPLICANT Please fill out your contact information:**

Student's Full Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Telephone: \_\_\_\_\_ Student's email: \_\_\_\_\_

**ADMINISTRATOR:**

1. Is this applicant currently employed in your facility? \_\_\_\_\_ Date of employment \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

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

3. Please evaluate the applicant according to the following criteria by checking the appropriate box.

Characteristic	Excellent	Above Average	Average	Below Average	Unknown
Breadth of Knowledge					
Clinical Competence					
Professional Demeanor					
Interpersonal Skills					
Job Performance					

4. Does the applicant possess any special assets that should be noted? If yes, please describe.

5. How does the student's/employee's commitment to long term care practice compare with that of other employees?

Reference for \_\_\_\_\_ (employee's name)

\_\_\_ I highly recommend this applicant.

\_\_\_ I recommend this applicant, but with some reservation.

\_\_\_ I recommend this applicant.

\_\_\_ I am not able to recommend this applicant.

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Name of Administrator, typed or printed

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone

**REFERENCE:**

This recommendation, for the person whose name appears above, will be used solely for evaluation by the Scholarship Program of the West Virginia Health Care Foundation which provides scholarship assistance to current employees of facility members of the West Virginia Health Care Association.

**Please complete this form before the deadline of March 1, 2010 and mail or fax directly to:**

**Sharon Mullins, Foundation Secretary-Treasurer, West Virginia Health Care Association, 110 Association Drive, Charleston, WV 25311. Phone: (304) 346-4575 Fax: 304-342-0519 Email: [smullins@wvhca.org](mailto:smullins@wvhca.org)**

We appreciate your effort in filling out this form.





2. How would the scholarship make a difference in your life?
  
3. Tell us about your educational background and work experience.
  
4. Are you currently receiving any other scholarships or financial aid? Please give the amount and the source of the aid. (You will still be eligible for the scholarship).
  
5. Have you received any recognition, awards or completed any certification programs? Please photocopy and send with your application.
  
6. Estimate the following expenses for the next semester you will attend classes:  
Tuition: \_\_\_\_\_  
Books: \_\_\_\_\_  
Uniforms and nursing supplies (if applicable):  
\_\_\_\_\_

I certify that all of these statements are true and correct. I understand that false statements on this application may be cause for disqualification.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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Submitting Your Application: March 1, 2010 is the application deadline.

1. Your completed **Scholarship Application Form** mailed to the Foundation office must be postmarked no later than March 1, 2010 and be received in the WVHCA office no later than March 6, 2010. Faxed or emailed Applications must arrive in the WVHCA office no later than March 1, 2010.

**2. These forms must be submitted by all applicants:**

a. **Scholarship Application Form** which the student fills out and mails to the Foundation offices. Please mail the application form as soon as it is convenient. Note deadline above.

b. **Reference Form for Facility Administrator: Please give to your facility Administrator** who will return it directly to the Foundation office.

c. **Reference Form for Dean or Program Officer:** Please fill out and **sign the release of information line** and give to your dean or college program officer. He or she will return it directly to the Foundation office.

**3. Applicants wanting to be considered for scholarships of \$1,500 or more must complete the Financial Form.**

4. Please prepare your application using a computer or typewriter. Download forms at [www.wvhca.org](http://www.wvhca.org)

5. You may not ask relatives to fill out a reference form.

6. Please mail your scholarship application to the Foundation office right away. Each applicant will be notified, via email where possible, that reference materials have been received on your behalf. Colleges and administrators should have adequate time to prepare these forms. Please don't wait until the last minute to ask for their cooperation. An incomplete application, missing recommendation forms or missed deadlines may render the applicant ineligible.

**Please mail completed application materials before March 1, 2010 to:**

**Sharon Mullins, Foundation Secretary-Treasurer**

**West Virginia Health Care Association**

**110 Association Drive, Charleston, WV 25311**

**Telephone 304-346-4575 Fax 304-342-0519 Email: [smullins@wvhca.org](mailto:smullins@wvhca.org)**



**WEST VIRGINIA HEALTH CARE FOUNDATION**

## SCHOLARSHIP PROGRAM FINANCIAL FORM 2010-2011

**Financial need is one of the criteria for scholarships of \$1,500 or more. Those wishing to be considered for these scholarships must complete this Financial Form.**

If you are a dependent applicant, (your parent/s claim you on their tax return), ask your parent/s to complete this form using information from their 2009 Federal Income Tax Return and attach a copy. (If your parent/s have not filed taxes by the time you are filling out this form, you must use estimated numbers from 2009 and attach a copy of 2008 IRS Form 1040).

If you are independent, (your parent/s do NOT claim you on their tax return), use information about you and your spouse (if applicable). **You do not need to supply tax information from your parent/s.** Figures should be taken from your 2009 Federal Income Tax Return. If you have not filed taxes by the time you are filling out this form, you must use estimated numbers for 2009. Attach one copy of the most recent IRS Form 1040.

Applicant's Name: \_\_\_\_\_

- I am using numbers from my 2009 tax return. Make a copy of the actual return.
- I am using estimated numbers for 2009 and am sending a copy of my 2008 tax return.
- I am a dependent. (fill in the Parent/s column)
- I am independent. (fill in the Applicant's column)

Please fill in the answers in the appropriate column going down the page.

	<b>Parent/s</b>	<b>Applicant</b>
1. Annual adjusted gross income	Father _____	Applicant _____
	Mother _____	Spouse _____
2. Untaxed income/benefits (AFDC, ADC, SSI, etc.) List source of benefit. _____	_____	_____
3. Cash, savings, stocks, bonds, CDs etc. (Exclude retirement Funds, i.e. IRAs)	_____	_____
4. Net value of real estate holdings not Used as a primary residence. (Market Value less mortgage balance.)	_____	_____
5. Total number in household	_____	_____
6. Applicant's occupation _____	Spouse's occupation _____	

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7. List other sources of financial aid and amounts which you have been awarded.  
(scholarships, loans, etc.) \_\_\_\_\_

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8. Applicant's current marital status: \_\_\_ single \_\_\_ married \_\_\_ separated \_\_\_ divorced  
\_\_\_ widowed

**If you are a dependent, please answer questions 9-11.**

9. Total number of children in college during the 2010-2011 academic year: \_\_\_\_\_

10. Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_

11. Parents' current marital status: \_\_\_ single \_\_\_ married \_\_\_ separated \_\_\_ divorced  
\_\_\_ widowed

Certification: I (we) certify that all the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of the West Virginia Health Care Foundation, I (we) agree to give documentation for information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving any financial aid. **I have attached a copy of my most recent IRS Form 1040.**

(Type) Applicant's name \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

(Type) Parent or spouse's name \_\_\_\_\_

In the space below, note any extenuating circumstances that we should consider.

**Please mail completed application materials before March 1, 2010 to:**  
**Sharon Mullins, Foundation Secretary-Treasurer**  
**West Virginia Health Care Association**  
**110 Association Drive, Charleston, WV 25311**  
**Telephone 304-346-4575 Fax 304-342-0519 Email: [smullins@wvhca.org](mailto:smullins@wvhca.org)**