



**REFERENCE FORM FOR FACILITY ADMINISTRATOR  
2008 HERMAN CONAWAY SCHOLARSHIP**

Administrator: Please send this form directly to Sharon Mullins at the WVHCA Foundation by the deadline of March 1, 2008. 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 Herman Conaway 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, 2008 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 efforts in filling out this form.