

Nursing Scholars Program Overview 2017-2018

On-Site Scholarships

Barry - Employees/Non Employees

Entry-Level BSN, Full-Time (6 Semesters)

Accepts up to 30 students twice a year (Fall/Spring Semesters)

Classes take place in Baptist Hospital

4 years, full-time employment commitment post graduation

Awarded \$20,000 (\$3,333 per semester)

(For more information about Barry School of Nursing visit: https://www.barry.edu/nursing/)

Nova - Employees/Non Employees

Entry-Level BSN, Full-Time (7 Semesters)

Accepts up to 80 students annually (Fall/Spring Semesters)

Classes take place in the Nova Kendall Campus

4 years, full-time employment commitment post graduation

Awarded \$28,000 (\$4,000 per semester)

(For more information about Nova School of Nursing, visit: http://nursing.nova.edu/)

MDC – Employees/Non Employees

ADN, Full-Time (4 Semesters)

Accepts up to 30 students annually (Spring Semester)

Classes take place in Baptist Hospital

4 years, full-time employment commitment post graduation

Awarded full tuition for the entire program.

*Required to continue on to RN-BSN.

(For more information email Dawn Diamond at mdcinfo@mdc.edu, or call at (305) 237-4471)

MDC - Employees Only

RN-BSN, Full-Time (3 Semesters)

Accepts up to 30 students annually (Fall/Spring Semesters)

Classes take place in Baptist Hospital

4 years, full-time employment commitment post graduation

Awarded up to \$4,500 per calendar school year

(For more information email Dawn Diamond at bsn@mdc.edu, or call at (305) 237-4471)

Barry – Employees Only (Employed as a floor nurse for 4 years at BHSF)

MSN, Nursing Education/Nursing Administration/ACNP/ANP Tracks Only

The number of students accepted depends on the hospital's needs (Fall Semester)

5 years, full-time employment commitment post graduation

Awarded up to \$12,000 tuition/yearly (Not to exceed \$4,000 per semester)

(For more information about Barry School of Nursing visit: https://www.barry.edu/nursing/)

Nova – Employees Only (Employed as a floor nurse for 4 years at BHSF)

DNP, (6 Semesters)

The number of students accepted depends on the hospital's needs (Fall Semester)

5 years, full-time employment commitment post graduation

Up to \$12,000 tuition/yearly (Not to exceed \$4,000 per semester)



Nursing Scholars Program Overview 2017-2018

Off-Site Scholarships

RN- BSN – Employees Only
Barry, Nova, Miami Dade College
Accept 20 students yearly
4 years full-time employment commitment post graduation
Up to \$4,500 tuition per calendar school year

MSN - Employees Only (Employed as a floor nurse for 4 years at BHSF)

(Nursing Education/Nursing Administration/ACNP/ANP)
(Fall Semester) Accredited nursing program
The number of students accepted depends on the hospital's needs
5 years full-time employment commitment post graduation
Up to \$12,000 tuition/yearly (Not to exceed \$4,000 per semester)

PhD/DNP - Employees Only (Employed as a floor nurse for 4 years at BHSF)

(Fall Semester) Accredited program
The number of students accepted depends on the hospital's needs
5 years full-time employment commitment post graduation
Up to \$12,000 tuition/yearly (Not to exceed \$4,000 per semester)

Application Process (Contact Scholars Dept. for Application Deadlines):

- Completed two page application
- Full letter of acceptance into Nursing Program
- Most recent, sealed/enclosed official transcripts
- (If employee) Fully meets most recent yearly evaluation
- Two recommendation forms
- Essay
- Resume

Application Process for MSN/Doctorate Applicants (including the above):

- Applications are accepted March 1- June 1.
- Meet with Corporate Director of Scholars Program before June 1st for career counseling, once the completed application is submitted.
- Panel Interview with system CNOs and Director of Scholars Program.

Submit completed application package to:

Baptist Health South Florida Scholars Program Department 8900 North Kendall Drive Miami, FL 33176

OR

ScholarsDocuments@BaptistHealth.net

For additional information and/or an application, contact the Scholars Program department at 786.596.4194, or e-mail to scholarships@baptisthealth.net.



NURSING

SCHOLARS PROGRAM APPLICATION PACKET

<u>Directions:</u> Please submit all completed pages of this scholarship application with the additional necessary documents to either the physical or email address on the following page. **No applications will be accepted and/or processed if documents are missing.** Thank you for your cooperation.

	Application	n Checklist:	*Included within this application.
	*Completed and signed application form. Pl		••
	A letter of full acceptance into the Nursing p		
	Most recent official transcripts. They must be	3	when submitted.
	Professional résumé		
	Essay ((1 page, typed. Briefly tell us about yourself a	and "Why do you want to	o be a Nurse?"))
	*3 recommendation forms from a combination a. For BHSF Employees ONLY b. For DNP/PhD Applicants ON	COne of the three recompleted by you LY: It is required the from the entity research/capsted meeting, they recommendation	recommendations must be ar Nurse Manager. hat you meet with the CNO you work in to discuss your one objectives. After this must fill out a confor you.
	Please make a copy of all documents yo		tice.
		lines:	
		uate Programs:	
<u>En</u>	completed applications for <u>Barry and Nova</u> <u>stry-Level BSN</u> must be submitted by the lowing dates:		lications for the MDC ADN by the following dates:
	For Fall Start: June 15 th For Winter Start: November 10 th	For Winter	Start: November 10 th
	nly candidates starting their first Nursing mester will be considered.	Only candidates s semester will be c	

For Graduate Programs (MSN/DNP/PhD):

Completed applications will be accepted once a year starting in March. The deadline for complete applications is:

For Fall Start: May 15th

In addition to meeting with the CNO of the entity you work in, all **graduate** applicants must be scheduled for a career counseling meeting with the Corporate Director and/or AVP of the Scholars Program <u>before the May 15th deadline</u> to conclude the application process.

Please Mail Completed Application To:
Baptist Health South Florida
Scholars Program
8900 North Kendall Drive
Support Services Building, 3rd Floor
Miami, FL 33176-2197
Telephone: 786-596-4194

Fax: 786-533-9795

Or E-Mail Completed Application To:

ScholarsDocuments@BaptistHealth.net

*Official Transcripts may also be sent to the above address directly from the school.



NURSING

SCHOLARS PROGRAM APPLICATION PACKET

rogram, D	Degree, School				
rogram: On-Site Off-Site*	Degree: □ ADN (MDC ONLY) □ BSN □ RN to BSN *	☐ DNP*	☐ Winter/Spring	School: Barry NSU (MIAMI CAI MDC Other:	,
Available to BHSF E			1		
pplicant l	nformation				
Name of App	licant:	st	First		M.I.
Hames A. I.					
Home Addres	SS:		Street Address		
					0-1-
Date of Rirth	City		State	·	Code
				•	
Phone (Cell):		Phone (Home)	:	_ Phone (Work):	
E-Mail Addre	ss:				
Do you have	ole to work in the Uniteral an employee relative?	Yes 🗆 No	o If yes, please fill ou	t the following:	
Name of re	lative:	Hospit	al:	Dept:	
Phone Nun	nber:		_		
ducation					
Cumulative G	SPA from most recent	school:			
Expected Gra	aduation Date from cu	rent school:			
	varded a BHSF Schola e fill out the following:	rship/Tuition Re	eimbursement in the p	oast? ☐ Yes ☐ No	
What progr	am of study?				
Date of Gra	aduation:				
	olied for any other Nur				
For which s	school(s)?				
When?					

rev. September 5, 2018



NURSING

SCHOLARS PROGRAM APPLICATION PACKET

In Case of Emergency		
Name:		
Address:		
Phone (Cell):	Phone (Home):	
What is their relationship to you	1?	
Graduate-Level MSN/DN	P/PhD Applicants ONLY	
Have you been employed as a	nurse at BHSF for at least four (4) years?	? □ Yes □ No
Initial Date of Hire:	MSN Track/AOS (If applicable):	
*Note: The MSN track	you are approved for cannot be changed	d once you are awarded the scholarship.
Baptist Employees ONL	Υ	
Are you a Baptist employee?	Yes No If yes, please fill out the	following:
Current Job Title:	Current Dept:	
Current Hospital:	Initial Date of Hire:	Employee ID:
A !' O'		
Applicant Signature		
By signing below, I certify that	t I have filled out all the required inform	mation above accurately and to the
best of my knowledge. If I have	e any updated information to provide a	after submitting this application, I will
call to update the main office of	of the changes.	
Cignoture of Applicant		Data
Signature of Applicant		Date

rev. September 5, 2018



SCHOLARS PROGRAM RECOMMENDATION

	or not applicable. Above					
	Fair	Average	Average	Outstanding	N/A	
Academic Potential						
Leadership						
Attendance						
Reliability						
Initiative						
Integrity						
Enthusiasm						
Respect for Others						
How do you know	this applicant?					
☐ The recommende	•	•	ne □lam	n his/her immed	iate manager	
☐ I am his/her imme	•					
Your Name:	Title:					
Signature:	nature:Work Phone:					
Date:		Compan	y/School:			
Mail with application to: Baptist Health South Florida Scholars Program 8900 North Kendall Drive						

rev. September 5, 2018 4

Support Services Building, 3rd Floor

Miami, FL 33176-2197



SCHOLARS PROGRAM RECOMMENDATION

This is a recomme Baptist Health So student/employee blease mark N/A fo	uth Florida S in the areas l	isted below.		give your ho	
	Fair	Average	Above Average	Outstanding	N/A
Academic Potential					
Leadership					
Attendance					
Reliability					
Initiative					
Integrity					
Enthusiasm					
Respect for Others					
How do you know	this applicant?				
☐ The recommende	d individual rep	orts directly to r	me □lar	n his/her immed	iate manager
I am his/her imme	ediate professor	/teacher			
Your Name:			Title:		
Signature:			Work Phor	ne:	
Date:		Compan	y/School:		
Baptist Heal Scholars Pro	oplication to: Ith South Florida ogram Kendall Drive		•	h application to: ocuments@Baptis	tHealth.net

rev. September 5, 2018 5

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This is a recomme Baptist Health So student/employee blease mark N/A fo	outh Florida S in the areas l	isted below.		give your ho	
	Fair	Average	Above Average	Outstanding	N/A
Academic Potential					
Leadership					
Attendance					
Reliability					
Initiative					
Integrity					
Enthusiasm					
Respect for Others					
How do you know	this applicant?				
☐ The recommende	ed individual rep	orts directly to r	ne □lar	n his/her immed	iate manager
I am his/her imme	ediate professor	/teacher			
Your Name:			Title:		
Signature:			Work Phor	ne:	
Date:		Compan	y/School:		
Baptist Hea Scholars Pr	pplication to: Ith South Florida ogram Kendall Drive		· ·	h application to: ocuments@Baptis	tHealth.net

rev. September 5, 2018 6

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