Directions: Please submit all completed pages of this scholarship application with the additional necessary documents to the email address provided. No applications will be accepted and/or processed if documents are missing. Thank you for your cooperation.

Application Checklist: *Included within this application.

- Completed and signed application forms. Please print clearly.
- A letter of full acceptance into the Nursing program.
- Most recent, official transcripts. They must be unopened when submitted.
- Professional résumé

Essay ((1 page, typed. Briefly tell us about yourself and “Why do you want to pursue this degree?”))

- 3 recommendation forms from a combination of teachers and/or work managers.
  - For BHSF Employees ONLY: One of the three recommendations must be completed by your Nurse Manager.
  - For DNP/PhD Applicants ONLY: It is required that you meet with the CNO from the entity you work in to discuss your research/capstone objectives. After this meeting, they must fill out a recommendation for you.

Make a copy of all documents submitted to the office.

Email completed application to ScholarsDocuments@baptisthealth.net.

Deadlines:

For Undergraduate Programs (ASN/BSN):

All completed applications for Barry University, College of the Florida Keys, Miami Dade College and Nova Southeastern University undergraduate programs must be submitted by the following dates:

- For Fall Start: June 15th
- For Winter Start: November 10th

Only candidates starting their first Nursing semester will be considered.

For Graduate Programs (MSN/DNP/PhD):

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

- For Fall Start: May 15th

All graduate applicants must be scheduled for a career counseling meeting with the Corporate Director and/or AVP of the Scholars Program before May the 15th deadline to conclude the application process.

For additional questions or concerns, please contact the Scholars Program Department below:

Scholars Program
8900 North Kendall Drive
Support Services Building, 3rd Floor
Miami, FL 33176-2197

Phone: 786-596-4194
Email: scholarships@baptisthealth.net
## Program, Degree, School

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<th>Degree:</th>
<th>Term:</th>
<th>School:</th>
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<tr>
<td>On-Site</td>
<td>ASN (MDC/CFK ONLY)</td>
<td>Fall</td>
<td>Barry</td>
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<td>Off-Site</td>
<td>BSN</td>
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<td>NSU (MIAMI CAMPUS ONLY)</td>
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<td>PhD*</td>
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*Available to BHSF Employees Only

## Applicant Information

Name of Applicant: ________________________________________________________________________

Last    First    M.I.

Home Address: ___________________________________________________________________________

Street Address ___________________________________________________________________________

City    State   Zip Code

Date of Birth: _____________________  

ASN/BSN ONLY: Social Security #: __________________

Phone (Cell): _________________  

Phone (Home): _________________  

Phone (Work): _________________

E-Mail Address: ___________________________________________________________________________

Are you eligible to work in the United States?  ❑ Yes  ❑ No

Do you have an employee relative?  ❑ Yes  ❑ No  If yes, please fill out the following:

What is their relationship to you? _______________

Name of relative: _______________  

Hospital: _______________  

Dept: _______________

Phone Number: __________________________

## Education

Cumulative GPA from most recent school: _____________________________________________________

Expected Graduation Date from current school: _______________________________________________

Were you awarded a BHSF Scholarship/Tuition Reimbursement in the past?  ❑ Yes  ❑ No

If yes, please fill out the following:

What program of study? _____________________________________________________________

Date of Graduation: _____________________________________________________________

Have you applied for any other Nursing programs?  ❑ Yes  ❑ No  If yes, please fill out the following:

For which school(s)? _____________________________________________________________

When? _____________________________________________________________

rev. August 8, 2019
In Case of Emergency

Name: _______________________________________________________________________________
Address: _____________________________________________________________________________
Phone (Cell): _______________________________     Phone (Home): ____________________________
What is their relationship to you? _______________

Graduate-Level MSN/DNP/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 once you are awarded the scholarship.

Baptist Employees ONLY

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: _____________

Applicant Signature

By signing below, I certify that I have filled out all the required information above accurately and to the
best of my knowledge. If I have any updated information to provide after submitting this application, I will
be responsible for notifying the Scholars Program Office of these updates. In addition, I am required to
make a copy of all documents I submit to the office for my records.

___________________________________________  ______________________________
Signature of Applicant                                    Date
This is a recommendation for _________________________________ who is applying for the Baptist Health South Florida Scholars Program. Please give your honest opinion of this student/employee in the areas listed below. If you have not observed a particular behavior, please mark N/A for not applicable.

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Please feel free to expand on any of these categories or make any additional observations or comments:
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How do you know this applicant? _________________________________

☐ I am his/her immediate manager
☐ I am his/her immediate professor/teacher

Your Name: _____________________________ Title: _________________________

Signature: ___________________________ Work Phone: ____________________

Date: _____________________________ Company/School: ____________________

Please return this form directly to scholarsdocuments@baptisthealth.net and include the name of the candidate in the subject line.
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