

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:		<i>*Included within this application.</i>
	*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. a. <u>For BHSF Employees ONLY:</u> One of the three recommendations must be completed by your Nurse Manager. b. <u>For DNP/PhD Applicants ONLY:</u> 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:		
<u>For Undergraduate Programs (ASN/BSN):</u>		
All completed applications for <u>Barry University, College of the Florida Keys, Miami Dade College and Nova Southeastern University</u> undergraduate programs must be submitted by the following dates: For Fall Start: June 15 th For Winter Start: November 10 th Only candidates starting their first Nursing semester will be considered.		
<u>For Graduate Programs (MSN/DNP/PhD):</u>		
Completed applications will be accepted once a year starting in March. The deadline for completed applications is: For Fall Start: May 15 th All graduate applicants must be scheduled for a career counseling meeting with the Corporate Director and/or AVP of the Scholars Program <u>before May the 15th deadline</u> 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

Program:

- On-Site
- Off-Site

Degree:

- ASN (*MDC/CFK ONLY*)
- BSN
- RN to BSN *

- MSN *
- DNP *
- PhD *

Term:

- Fall
- Winter/Spring

School:

- Barry
- NSU (*MIAMI CAMPUS ONLY*)
- MDC
- College of the Florida Keys
- Other: _____ *

*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? _____



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



SCHOLARS PROGRAM RECOMMENDATION

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.

	Fair	Average	Above Average	Outstanding	N/A
Academic Potential					
Leadership					
Attendance					
Reliability					
Initiative					
Integrity					
Enthusiasm					
Respect for Others					

Please feel free to expand on any of these categories or make any additional observations or comments:

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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