

NURSING

<u>Directions:</u> 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.

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	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.								
	a. For BHSF Employees ONLY: One of the three recommendations must be								
	completed by your Nurse Manager.								
	b. 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 <u>ScholarsDocuments@baptisthealth.net</u> .								
	Deadlines:								
	For Undergraduate Programs (ASN/BSN):								
<u>Co</u>	completed applications for <u>Barry University, College of the Florida Keys, Miami Dade</u> Illege and Nova Southeastern University undergraduate programs must be submitted by the Iowing dates:								
	For Fall Start: June 15 th								
	For Winter Start: November 10 th								
On	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 15 th									
Co	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.								
Foi	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



NURSING

SCHOLARS PROGRAM APPLICATION PACKET

On-Site ASN (MDC/CFK ONLY) MSN* Fall Barry Off-Site BSN DNP* Winter/Spring NSU (MIAMI CAMPUS ONLY) Allow RN to BSN* PhD* Winter/Spring MDC allower RN to BSN* PhD* Other: MDC allower RN to BSN* PhD* Other: Other: allower Last First M.I. Home Address:	<u>gram:</u>	Degre	e:		Term:	School:	
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ailable to BHSF Employees Only pplicant Information Name of Applicant: Last First Home Address: City State Zip Code Date of Birth: Phone (Cell): Phone (Home): Phone (Cell): Phone (Home): Phone (Work): E-Mail Address: Are you eligible to work in the United States? Pts No Do you have an employee relative? Yes No Mat is their relationship to you? Mame of relative: Hospital: Dept:						College of the Florida Key	ys
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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: Dept: Dept:		_	City		State	Zip Code	
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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 (C	ell):	Р	hone (Home):	Phone (Work):	
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NURSING

SCHOLARS PROGRAM **APPLICATION PACKET**

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? \Box Yes \Box 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: _____ 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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