

Scholars Program Overview 2018 – 2019

On-Site Scholarships

Barry - Employees/Non Employees

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

Accepts up to 60 students annually (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

4years, 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 60 students annually (Fall/Spring Semesters)

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 about Miami Dade School of Nursing, visit: http://www.mdc.edu/nursing/)

MDC - Employees Only

RN-BSN, Full-Time (3 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 about Miami Dade School of Nursing, visit: http://www.mdc.edu/nursing/)



Scholars Program Overview 2018 – 2019

Off-Site Scholarships

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

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

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

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

Application Process:

- Completed and signed application forms.
- A letter of full acceptance into the Nursing program.
- Most recent, official transcripts. Must be unopened.
- Professional resume
- Essay (1 page, typed. Briefly tell us about yourself and "Why you want to pursue this degree?")
- Three recommendation forms
 - BHSF Employees must have 1 completed by their manager.
 - o DNP/PhD applicants must have 1 completed by their CNO.
- [Graduate Students Only] After submitting a completed application, schedule a career counseling session with the Corporate Director of the Scholars Program prior to May 15th.
- [BHSF Employees Only] Must fully meet their recent annual evaluation.
- All completed applications must be submitted electronically to:

scholarsdocuments@baptisthealth.net

No applications will be accepted and/or processed if documents are missing.

Please Note: All students applying for the Scholars Program will be contacted for a panel interview after the final deadline.

For additional information and/or an application, contact the Scholars Program department at (786) 596-4194 or e-mail scholarships@baptisthealth.net.



Scholars Program - Nursing Frequently Asked Questions

Q: I am interested in a nursing career. Do you have any scholarships for nursing?

A: The On-site Scholars Program awards in-state tuition (excluding prerequisites, books and fees) to students accepted into the ASN program at Miami Dade College and entry-level BSN programs at Nova Southeastern University and Barry University.

The **Off-site** Scholars Program is for Baptist Health employees enrolled in RN-BSN or graduate programs at a college or university affiliated with Baptist Health South Florida. The Scholars Program awards up to \$4,500 for the entirety of the RN-BSN track and up to \$12,000 per calendar year for graduate programs.

Q: How do I get accepted into a nursing program?

A: Contact a school affiliated with Baptist Health South Florida and make an appointment to speak with an advisor/counselor to find out the requirements of their respective nursing program.

Q: What is the difference between the On-site and Off-site nursing scholarships?

A: The **Off-site** option is only for current BHSF registered nurses. They will attend an affiliated nursing program to pursue their RN-BSN or graduate program face-to-face or online.

There are 3 **On-site** nursing programs offered at Baptist Health South Florida: The Baptist/Barry BOND, the Baptist/Miami Dade College, and the Baptist/Nova On-Site Nursing Programs. Currently, all classes for Barry and Miami Dade are held at Baptist Hospital; classes for Nova are held at the Nova Miami campus only. Candidates accepted into these programs are referred to as On-site Scholars.

Q: What are the eligibility requirements for the Scholars Program?

A:

- Have a minimum cumulative GPA of 3.0 or higher (For ASN/BSN)
- Completion of all prerequisites (Reach out to school for more information)
- Completion of all corequisites (MDC Only Reach out to school for more information)
- Full acceptance into an affiliated nursing program
- Eligiblity to work in the United States
- No corrective action during the last 6 months (For Employees of BHSF)

Q: Do you have any ASN or BSN part-time programs?

A: No. All on-site ASN and BSN programs are full-time.

Q: Do I have to work while going to school?

A: All On-site Scholars Nursing students are required to work 8 or 16 hours per "pay period" as a "Scholar Nurse Partner" as per the needs of the organization. For RN-BSN, MSN, PhD, & DNP programs, existing employees must work full-time (FT), modified full-time (MFT), or regular part-time (RPT) to qualify for scholarships.

Q: Is there a contract to work for Baptist Health South Florida after a scholarship has been awarded?

A: Yes, there is an employment commitment; length of employment depends on the nursing program completed.

Q: Do I have to complete my clinical rotations at Baptist?

A: On-site scholars are required to complete the majority of their clinical rotations at a Baptist Health South Florida entity.



Scholars Program - Nursing Frequently Asked Questions

Q: How do I apply to the Scholars Program?

A: Once you have completed all of the prerequisites (co-requisites for MDC) and received a letter of full acceptance into an affiliated nursing program, you may download an application for the BHSF Scholars Program. A complete application includes the following:

- 1. Completed and signed application forms.
- 2. A letter of full acceptance into the Nursing program.
- 3. Most recent, official transcripts. Must be unopened.
- 4. Professional resume
- 5. Essay (1 page, typed. Briefly tell us about yourself and "Why you want to pursue this degree?")
- 6. Three recommendation forms

All completed applications must be submitted electronically to:

scholarsdocuments@baptisthealth.net

No applications will be accepted and/or processed if documents are missing.

For additional information and/or an application, contact the Scholars Program department at (786) 596-4194 or e-mail <u>scholarships@baptisthealth.net</u>.



NURSING

SCHOLARS PROGRAM APPLICATION PACKET

<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.

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 ScholarsDocuments@baptisthealth.net .								
Deadlines:								

For Undergraduate Programs (ASN/BSN):

All completed applications for <u>Barry, Miami Dade and Nova</u> 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 <u>before the May 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

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NURSING

SCHOLARS PROGRAM APPLICATION PACKET

On-Site	Available to BHSF Employees Only Name of Applicant: City City State City State ASN/BSN ONLY: Social Security #: Phone (Cell): E-Mail Address: Are you eligible to work in the United States? Po you have an employee relative? Yes NSU (MIAMI CAMPUS ONLY) Winter/Spring Winter/Sp	Program, E	Degree, School			
Available to BHSF Employees Only Name of Applicant:	Available to BHSF Employees Only Name of Applicant Information		□ ASN (MDC ONLY) □ BSN	☐ DNP*	☐ Fall	□ Barry □ NSU (MIAMI CAMPUS ONLY) □ MDC □ Other: *
Name of Applicant: Last First M.I. Home Address: City State Zip Code Date of Birth: 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 Applicant: Last First M.I. Home Address: Street Address City State Zip Code Date of Birth: 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? What is their relationship to you? Hospital: Dept:	Available to BHSF E	l Employees Only		1	
Last First M.I. Home Address: City State Zip Code Date of Birth: 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?	Last First M.I. Home Address:	Applicant I	nformation			
Home Address: City State Zip Code	Home Address: City State Zip Code Date of Birth: 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:	Name of App	olicant:			
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?	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:		Last		First	M.I.
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?	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:	Home Addre	ss:		Street Address	
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?	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:					
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?	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:	Data of Distle	•			
E-Mail Address:	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?	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 (Cell):	: Ph	none (Home):		_ Phone (Work):
		Do you have	an employee relative?	Yes 🛚 No	If yes, please fill out	-
ducation		Cumulative C	3PA from most recent sch	nool:		
		Expected Gra	aduation Date from curre	nt school:		
ducation	Cumulative GPA from most recent school:			•	•	
Cumulative GPA from most recent school:	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 progr	ram of study?			
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:	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:	Date of Gra	aduation:			
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:	Cumulative GPA from most recent school:	Have you ap	plied for any other Nursin	g programs? [☐ Yes ☐ No If ye	es, please fill out the following:
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?	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:	For which s	school(s)?			
Cumulative GPA from most recent school:	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:	1 14/15 5 5 0				



NURSING

SCHOLARS PROGRAM APPLICATION PACKET

In Case of Emergency		
Name:		
Address:		
Phone (Cell):	Phone (Home):	
What is their relationship to ye	ou?	
Graduate-Level MSN/D	NP/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 trac	k you are approved for cannot be change	d once you are awarded the scholarship.
Baptist Employees ON	LY	
Are you a Baptist employee?	☐ Yes ☐ No If yes, please fill out the	e following:
Current Job Title:	Current Dept:	
Current Hospital:	Initial Date of Hire:	Employee ID:
Applicant Signature		
By signing helow I certify th	at I have filled out all the required infor	mation above accurately and to the
		-
		paatoo iii aaaitioii, taiii toqaii oa to
make a copy of an accument	<u>o roadini to the emee ter my recorde.</u>	
Name: Address: Phone (Cell): 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 scholarshi Baptist Employees ONLY Are you a Baptist employee? Yes No If yes, please fill out the following: Current Job Title: 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 we 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 recomme Baptist Health So student/employee please mark N/A fo	uth Florida S in the areas I	isted below. I		give your ho		of this
	Fair	Average	Above Average	Outstanding	N/A	
Academic Potential						
Leadership						
Attendance						
Reliability						
Initiative						
Integrity						
Enthusiasm						
Respect for Others						
Please feel free to or comments:	ехрапа оп ап	y of these cate	egories or mai	ke any addition		
How do you know t	his applicant?					
☐ The recommended☐ I am his/her imme	•	•	me □lam	n his/her immed	iate manager	
Your Name:			Title:			
Signature:			Work Phone	e:		
Date:		Compan	y/School:			

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



SCHOLARS PROGRAM RECOMMENDATION

This is a recommen Baptist Health Sou student/employee ir please mark N/A for	th Florida S n the areas	Scholars Prog listed below. I		give your ho	
	Fair	Average	Above Average	Outstanding	N/A
Academic Potential					
Leadership					
Attendance					
Reliability					
Initiative					
Integrity					
Enthusiasm					
Respect for Others					
Please feel free to e or comments: How do you know th				ary addition	
☐ The recommended	individual rep	orts directly to r	ne □ lar	n his/her immed	iate manager
☐ I am his/her immed	•	•			•
Your Name:			Title:		
Signature:			Work Phor	ne:	
Date:		Compan	y/School:		

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SCHOLARS PROGRAM RECOMMENDATION

This is a recomme Baptist Health So		Scholars Prog	ram. Please		ho is applying nest opinion	
student/employee please mark N/A fo			f you have n	ot observed a	a particular be	ehavio
	Fair	Average	Above Average	Outstanding	N/A	
Academic Potential]
Leadership						
Attendance						
Reliability						
Initiative						
Integrity						
Enthusiasm						
Respect for Others						
Please feel free to or comments:						-
How do you know	this applicant?					-
☐ The recommende☐ I am his/her imme	•	•	me □lam	n his/her immed	liate manager	
Your Name:			Title:			
Signature:			Work Phone	e:		
Date:		Compan	y/School:			

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