**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.

<table>
<thead>
<tr>
<th>Application Checklist:</th>
<th><em>Included within this application.</em></th>
</tr>
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<tr>
<td>*Completed and signed application forms. Please print clearly.</td>
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<td>A letter of full acceptance into the Nursing program.</td>
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<td>Most recent, official transcripts. They must be unopened when submitted.</td>
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<td>Professional résumé</td>
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<td>Essay ((1 page, typed. Briefly tell us about yourself and “Why do you want to pursue this degree?”))</td>
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<td>*3 recommendation forms from a combination of teachers and/or work managers.</td>
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<tr>
<td>a. <em>For BHSF Employees ONLY:</em> One of the three recommendations must be completed by your Nurse Manager.</td>
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<tr>
<td>b. <em>For DNP/PhD Applicants ONLY:</em> 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.</td>
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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, Miami Dade and Nova 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 the May 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

rev. March 28, 2019
Program, Degree, School

Program:  
- On-Site
- Off-Site*

Degree:  
- ASN (MDC ONLY)
- BSN
- RN to BSN*
- MSN*
- DNP*
- PhD*

Term:  
- Fall
- Winter/Spring

School:  
- Barry
- NSU (MIAMI CAMPUS ONLY)
- MDC
- 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? __________________

rev. March 28, 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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How do you know this applicant? __________________________________________
☐ The recommended individual reports directly to me ☐ 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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