

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.

<b>Application Checklist:</b>		<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.	
	<b>Email completed application to <a href="mailto:ScholarsDocuments@baptisthealth.net">ScholarsDocuments@baptisthealth.net</a>.</b>	
<b>Deadlines:</b>		
<b><u>For Undergraduate Programs (ASN/BSN):</u></b>		
All completed applications for <u>Barry, Miami Dade and Nova</u> undergraduate programs must be submitted by the following dates:		
For Fall Start: June 15 <sup>th</sup> For Winter Start: November 10 <sup>th</sup>		
Only candidates starting their first Nursing semester will be considered.		
<b><u>For Graduate Programs (MSN/DNP/PhD):</u></b>		
Completed applications will be accepted once a year starting in March. The deadline for completed applications is:		
For Fall Start: May 15 <sup>th</sup>		
All <b>graduate</b> applicants must be scheduled for a career counseling meeting with the Corporate Director and/or AVP of the Scholars Program <u>before the May 15<sup>th</sup> 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, 3<sup>rd</sup> Floor  
Miami, FL 33176-2197

Phone: 786-596-4194  
Email: [scholarships@baptisthealth.net](mailto:scholarships@baptisthealth.net)



**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? _____



**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:

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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](mailto:scholarsdocuments@baptisthealth.net) and include the name of the candidate in the subject line.**



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