



Baptist Health South Florida

BAPTIST HEALTH NURSE SCHOLARS APPLICATION – GRADUATE STUDENTS

To apply for the Baptist Health Nurse Scholars Program, please complete all fields below and upload all required documents. Prior to beginning your application, please review the [program pre-requisites](#). Only complete applications received between March 1 through May 15 for the following Fall semester will be reviewed.

Eligibility Criteria

Please confirm you meet all eligibility requirements for the program by checking the boxes below:

<input type="checkbox"/> Florida resident eligible for in-state tuition <input type="checkbox"/> Acceptance letter from a graduate program <input type="checkbox"/> Current Baptist Health employee. Note, current Baptist Health employees not in good standing are ineligible to participate in the Nurse Scholars Program <input type="checkbox"/> Completed a career counseling session with the Baptist Health AVP or Director of Nursing Education <input type="checkbox"/> Employed at Baptist Health for at least four (4) years <input type="checkbox"/> Confirm school and nursing program have current academic affiliation agreements with Baptist Health. To confirm, please click here

Have you previously applied for either the Nurse Scholars Program or the Baptist Health Tuition Assistance Program? Yes _____ or No _____

If “Yes”, please call 786-596-4194 prior to completing the application. If “No”, proceed to complete the application.

Demographic Information

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YY): _____ Last 4 digits of your Social Security Number: _____

If you have ever been known by another name (e.g. maiden name) please provide that name.

Alternate First Name: _____ Alternate Last Name: _____

Phone Number: _____ E-Mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Education

Only students enrolled in programs with current academic affiliation agreements with Baptist Health are eligible for the Nurse Scholars Program. To confirm if your school is affiliated with Baptist Health, please [click here](#).

Current/Most Recent Cumulative GPA: _____

School you will be entering. : _____ Degree program: _____

Specialty Track/Area of Study: _____ Expected graduation date (MM/YY): _____



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Why did you choose to pursue this advanced degree, and why would you like to participate in the Baptist Health Nurse Scholars Program? (250 word max)

Baptist Health Employee Questions

Initial date of hire (MM/DD/YY): _____ Baptist Health employee ID#: _____

Current Baptist Health entity/facility of employment: _____

Current Baptist Health department: _____

Current position held at Baptist Health: _____

Career counseling by AVP/Director of Nursing Education completed with _____ (name) on _____ (date)

Documents to Upload

- Unofficial school transcript(s) for all post-secondary courses. Please note, if you are accepted into the Scholars Program you will be required to provide official transcripts from your school.
- Graduate program full acceptance letter. Conditional acceptance letters may be submitted, however, if you are accepted into the program you will be required to provide a copy of the program full acceptance letter.
- Professional resume

Applicant Attestation

Please initial the below statements:

	I understand that acceptance to the Baptist Health Nurse Scholars Program involves a post-program work commitment with Baptist Health. Failure to meet this work commitment can result in repayment of promissory note funds.
	I understand that I must remain enrolled and in good standing at my college/university's program at all times while participating in the Nurse Scholars Program.
	I understand the Baptist Health Nurse Scholars Program may include a per-diem employment component. If accepted to the program, I must meet all Baptist Health pre-employment and employment criteria. Failure to meet this criteria may result in termination from the Nurse Scholars Program.



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By signing below, I certify that I have filled out all the required information 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 Nurse Scholars Program of these updates. I further attest that I understand and agree with the information and requirements set forth herein. I understand that failure to provide accurate information in this application or future program documentation may result in termination from the program and preclude future participation.

Acceptance and admission to the program is contingent on submission of all requested materials and meeting all eligibility requirements as determined by the program.

Name (print)

Signature

Date

Please return this completed form and all documents to ScholarsDocuments@BaptistHealth.net.