



Baptist Health South Florida

BAPTIST HEALTH NURSE SCHOLARS APPLICATION – UNDERGRADUATE 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 April 1st through June 30th (Fall semester) or October 1st through November 10th (Spring semester) will be reviewed.

Eligibility Criteria

Please confirm you meet all eligibility requirements for the program:

- Florida resident eligible for in-state tuition
- Acceptance letter from a Nursing program of a Baptist Health partner school
- Eligible to work in the United States
- Eligible to work at Baptist Health. Note, current Baptist Health employees not in good standing, or former Baptist Health employees who are ineligible for rehire are ineligible to participate in the Nurse Scholars Program

Are you starting your first semester in a Nursing program next semester? Yes _____ or No _____

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

Have you previously applied to the Baptist Health Nurse Scholars 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

Current/Most Recent Cumulative GPA: _____

Nursing Program/School, you will be entering:

<input type="checkbox"/>	ASN – The College of the Florida Keys
<input type="checkbox"/>	ASN – Miami-Dade College
<input type="checkbox"/>	BSN for RNs (RN to BSN) – Miami-Dade College
<input type="checkbox"/>	BSN – Barry University
<input type="checkbox"/>	BSN – Nova Southeastern University



Baptist Health South Florida

Expected graduation date (MM/YY): _____

Semester applying for Nurse Scholars Program start:

<input type="checkbox"/>	Fall
<input type="checkbox"/>	Winter/Spring

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

Baptist Health Employee Questions

Are you **currently** employed by a Baptist Health South Florida affiliated entity, including but not limited to Baptist Health hospitals, Baptist Outpatient Services, Baptist Health Medical Group, Bethesda Hospital(s), Boca Raton Regional Hospital, etc.? Yes _____ or No _____

If "Yes", please complete the following:

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: _____

Have you **previously** been and are no longer employed by a Baptist Health South Florida affiliated entity, including but not limited to Baptist Health hospitals, Baptist Outpatient Services, Baptist Health Medical Group, Bethesda Hospital(s), Boca Raton Regional Hospital, etc. ? Yes _____ or No _____

If "Yes", please complete the following:

Last date of most recent employment (MM/YY): _____ Baptist Health employee ID#: _____

Baptist Health entity/facility of most recent employment: _____

Baptist Health department of most recent employment: _____

Last position held at Baptist Health: _____



Baptist Health South Florida

Please provide details of your separation (termination or resignation) from your most recent position at Baptist Health. (100 word max)

Documents to Upload

- Unofficial school transcript(s) for all post-secondary courses. Please note, if you are accepted into the Nurse Scholars Program you will be required to provide official transcripts from your school.
- Nursing 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 Nursing 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.

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.



Baptist Health South Florida

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.