



Baptist Downtown • Wolfson Children's Hospital
Baptist Beaches • Baptist Nassau • Baptist South

PROFESSIONAL SCHOLARSHIP APPLICATION

Eligibility and Criteria

Baptist Health Foundation's Scholarship Program provides financial support to benefits-eligible Baptist Health System, Inc. employees and others to encourage entry into health care fields that are experiencing a shortage of applicants and to promote the attainment of educational degrees by care-giving employees. Candidates for a professional scholarship must be accepted in an accredited educational program in the following fields: Nursing, LPN bridging to RN, BSN, MSN and/or other health professions where staffing shortages occur. A scholarship is awarded for one year, with first option to reapply for another scholarship if a minimum grade point average of 3.0 is maintained. Awards are based on course expenses and current scholarship funding available. A complete explanation of the commitment is available in the agreement each recipient signs. There will be no discrimination based upon race, sex, color, national origin, age, disability, religions and/or marital status.

Selection Process

A review committee will evaluate all applications and make the final selection of scholarship recipients. Those chosen to receive a scholarship will be notified within two (2) weeks of the review. Scholarships will be granted according to the availability of annual scholarship funds. They will be payable to the individual and may be used to pay tuition, books, or course related fees.

Application Procedures

Candidates for professional scholarship may download the application form from the Baptist Health Intranet or obtain applications from Baptist Health Foundation at Baptist Health. **Candidates are responsible for gathering and submitting all necessary information for the application process based on the following deadlines: January 15; May 30; September 30.** The application must include:

1. two letters (2) of recommendation including one from the applicant's manager/supervisor.
2. an official, sealed copy of all college transcripts verifying a cumulative 3.0 GPA.
3. official copy of a high school transcript if graduated within the last five (5) years.
4. a letter of acceptance into a professional program before the application can be considered.
5. proof of enrollment for quarter/semester being considered.
6. proof of tuition costs.

The selection committee reserves the right not to process applications found to be incomplete. All information received will be confidential. The completed applications must be submitted, in person or by mail, to the Foundation office at: 841 Prudential Drive, Suite 1300, Jacksonville, Florida 32207. Call 202.2919 for additional information or foundation@bmcjax.com.

PROFESSIONAL SCHOLARSHIP APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Home Phone (_____) _____

E-Mail _____ Social Security Number _____

Baptist Employee # _____ __FT __ PT __ PRN LEAP participant

Hospital / Department _____ Date: _____ Amount: \$ _____

Received Previous Scholarship Yes No

Date(s) of Previous Support _____ Amount(s) \$ _____

High School: graduated College: graduated Degree _____

College or Program Entered _____ Accepted _____

Degree to be obtained _____ Projected Graduation Date _____

Academic Honors _____

Other Honors/Awards _____

Volunteer/Community Activities _____

Tell us about the program you have entered and what you plan to do after its completion. How do you see it benefiting Baptist Health? (Attach another sheet if necessary.)
