



Baptist Jacksonville • 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 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. Applicants must live within the Baptist Health service area to be deemed eligible. (Counties include: Baker, Clay Duval, Nassau, St. Johns and Camden County, GA). Awards are based on credit hours and current scholarship funding available. Employees must be in good standing, not on probation, completed 90 days of employment, and maximized available LEAP benefits. A complete explanation of the commitment is available in the agreement each recipient signs. The Baptist Health Foundation will provide equal scholarship opportunities to all qualified candidates, regardless of race, color, sex, age, religion, national origin, disability, marital status, sexual orientation, or status as a veteran.

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 via email within 30 days of the review. Scholarships will be granted according to the availability of annual scholarship funds and the current priorities of the health system. They will be payable to the individual and may be used to pay tuition, books, or course related fees. **If granted, you will have 30 days from the date of the award letter to submit the necessary paperwork to process your funding.** After 30 days, you forfeit the scholarship.

Application Procedures

Candidates for professional scholarship may download the application form from the Baptist Health Intranet. **Candidates are responsible for submitting all necessary information for the application process prior to the following deadlines: January 15; May 30; September 30.** Documents submitted after deadline will not be accepted, and incomplete applications will not be considered.

The application must include the following:

1. A completed application
2. An official transcript of the most current college verifying a minimum cumulative 3.0 GPA. If this is your first year attending college, please submit an official high school transcript. An electronic copy is permitted as long as it contains the watermark. Please send electronic copies to foundation@bmcjax.com.

3. Two letters (2) of recommendation (dated within the last three months) including one from the applicant's manager/supervisor. The letters must be signed or sent from the author's email. They can be sent to foundation@bmcjax.com.
4. Letter of acceptance into a professional program before the application can be considered.
5. Proof of enrollment of program specific courses for quarter/semester being considered. (semester schedule).
6. Semester Tuition Statement
7. (Baptist Employees Only) If eligible, a screen shot of the application for LEAP funds of current term.

The completed applications must be submitted, in person or by mail/email, to the Foundation office at: 841 Prudential Drive, Suite 1300, Jacksonville, Florida 32207 or foundation@bmcjax.com. Please call the Foundation office with any questions at 202.2919.

PROFESSIONAL SCHOLARSHIP APPLICATION CHECKLIST

- A completed application**
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PROFESSIONAL SCHOLARSHIP APPLICATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Home Phone _____ Cell Phone _____

E-Mail _____

Baptist Employee # _____ FT PT PRN Hospital _____

Dept Name and # _____

Current Supervisor's Name _____ Your Title _____

LEAP Participant: Yes No Date Applied: _____

Received Previous Foundation Scholarship Yes No Date(s) of Previous Support _____

College Entered _____ Program Entered _____

Degree to be obtained _____ Start Date _____ Graduation Date _____

School Status: FT PT # of credit hrs currently enrolled: _____

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.)

Baptist Health Foundation

841 Prudential Drive, Suite 1300
Jacksonville, Florida 32207
904.202.2919