



NURSING STUDENT SCHOLARSHIP PROGRAM

Description

The Nursing Student Scholarship Program provides financial assistance to eligible nursing students completing their third or fourth year (if enrolled in a BSN program), or after completing one clinical (if enrolled in an ASN program). This program will be effective Fall 2001. The recipients will be selected based on the criteria defined by Miami Children's Hospital scholarship committee.

Program Strategy

The Nursing Student Scholarship Program is designed to assist the nursing recipients during their challenging and rewarding experience in their field of study. This program not only benefits the student, but also allows Nursing Directors to assess the student's ability to adapt to the nursing environment. The candidates are selected from a pool of the "best in class candidates" academically ranging from associate degree level students to bachelor's degree level students. The program depends on the student's ability to not only apply nursing theory into practice, but to also use creativity and reasoning to face the challenging demand in nursing. Teamwork and interaction with fellow nursing staff and directors will ensure the student a rewarding experience in working in a pediatric and acute care environment. Applicants should also demonstrate an interest to work in a pediatric environment.

Eligibility

While completing their nursing degree, the nursing student will have the opportunity to work at Miami Children's Hospital in the capacity of an Extern (Care Assistant role), to get hands on experience in their field of study. **Priority will be given to Miami Children's Hospital's employees or their children, and volunteers.**

- Individuals must be currently enrolled in a BSN or ASN nursing program and completing their third or fourth year if enrolled in a BSN program, or completing their clinical if enrolled in a two-year nursing program.
- Individuals will be given preference to work as an Extern Care Assistant at Miami Children's Hospital under the supervision of a Registered Nurse.
- Recipients must commit to work for one year at Miami Children's Hospital upon receipt of their RN license for every year of scholarship benefit received.
- Individuals must maintain full-time enrollment in their nursing program.
- A GPA of 3.0 or better is preferred.
- Individual must demonstrate an interest in the pediatric field and participate in nursing volunteer programs.

Eligible Schools and Award Process

Miami Children's Hospital will partner with **Barry University, Florida International University, University of Miami and Miami-Dade Community College**. Scholarships will be awarded twice a year in conjunction with the school terms.

Please note that the amount awarded will vary depending on the school and the calendar year.

For additional information on the Nursing Scholarship Program, please contact the Nurse Recruiter at Miami Children's Hospital at (305) 662-8295 ext. 2446, or visit us at www.mch.com.



Dear Applicant:

Miami Children's Hospital welcomes applications from qualified prospective nursing students and makes the selection process as simple as possible. The following will be taken into account by the Nursing Student Scholarship Committee during the selection process:

- A completed Nursing Student Scholarship Application.
- A letter of acceptance into the nursing program.
- Two letters of recommendations (at least one from a nursing faculty and/or one from current or former supervisor).
- A brief essay describing your interest in pediatrics and your future goals.

Return all documents to:

**Miami Children's Hospital
Human Resources
3100 S.W. 62nd Avenue
Miami, Florida, 33155-3009
Attn: Nurse Recruiter**

Applications will be accepted throughout the year; however, we encourage you to apply by July 1st for the Fall semester, and November 1st for the Spring semester. Every applicant is assessed carefully and individually.

Our Scholarship Committee will review all applications packet as soon as all required documents are received, and decisions are made within two weeks of your file being completed. Students are informed of the Committee's decision soon thereafter. Consideration for the amount of scholarship will be based on any other scholarships or student reimbursement.

List seminars, clinicals, internships, applicable volunteer work, or special preparation which should be considered in evaluating your application

TYPE

WHERE

WHEN

FINANCIAL ASSISTANCE

Are you currently receiving any assistance towards your nursing degree? If yes, Please indicate what type and the amount.

_____ Yes Type _____ Amount:\$ _____

_____ No

Please check one (if applicable):

_____ I am employed at MCH Title & Employee #: _____

_____ I am a child of an MCH employee Name of Relative: _____

_____ I am a volunteer at MCH Department Name: _____

_____ I am a new student enrolled in the program

I understand that if I accept the scholarship at Miami Children's Hospital, I will commit to one (1) year of employment at MCH for every year of scholarship that I have received. I also understand that if my GPA is less than the required 3.0 on a scale of 4.0, or if I drop a class after the deadline, or if I withdraw from the nursing program, then I will reimburse the scholarship amount that has been awarded to me. I understand that I must be in good standing at my school in order to be eligible for the scholarship.

I certify that all statements made by me on this application are true and correct to the best of my knowledge and believe that I have not omitted any requested information. I agree that if selected, misrepresentation, falsification or omission of facts thereon, may be considered sufficient cause for denial, if and when discovered.

Applicant's Signature

Date

Miami Children's Hospital is an Equal Opportunity/Affirmative Action Employer. We welcome and encourage diversity in our workforce.

For Official Use Only

Date Application Received: _____

Applicant Recommended by Nursing Faculty: _____

Applicant selected for Interview: _____ Date: _____

Applicant Recommended by Committee: _____

Reasons\Comments:
