



Cayman Islands Monetary Authority Thomas Jefferson Scholarship Application Form

1. Applicant's Full Name _____

2. Proposed Field of Study _____

3. University/College Accepted _____

4. Applicant's Address _____

Phone # _____ Email _____

5. Marital Status _____

6. Date of Birth _____

7. Schools attended by the applicant with dates:

Name	From	To

8. Dates, grades and subjects of any senior examination passed (i.e. CXC General Certificate of Education/General Certificate of Secondary Education, high school diploma etc. Please attach authenticated copies of your high school transcripts and relevant certificates).

Subjects	Dates	Grades	Certificate / Diploma

Examination Subject Grade Dates

9. SAT scores: Year Taken _____ Verbal _____ Mathematics _____

10. Probable duration of course _____

11. Number of years already completed? (if any) _____

12. Expected Start date: _____ Expected Graduation Date: _____

3. On completion of course: -

(b) What kind of work do you intend to do? _____

14. Father's full name, nationality, and address _____

15. Mother's full name (including maiden name), nationality, and address _____

16. Guardian's full name, (including, maiden name if applicable), nationality, and address _____

17. Period of Parent's or Guardian's residence in the Cayman Islands.

From 19/20 _____ to _____

18. Name and address of:

(a) Principal/Dean of school at present or last attended by the applicant: _____

(b) Two other persons other than relatives who know the applicant well and to whom application may be made for references:

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

(c) Two persons who have been contacted and have agreed to be sureties for the student's bond:

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Email _____ Email _____

UNIVERSITY / COLLEGE INFORMATION

NAME OF COLLEGE/UNIVERSITY _____

ADDRESS _____

DEPARTMENT OR PROGRAMME TO WHICH YOU ARE APPLYING

2. WHAT METHOD (S) DID YOU USE IN DECIDING TO APPLY TO THIS INSTITUTION?

___ TOLD BY FRIEND/FAMILY ___ TEACHER/COUNSELOR

___ COLLEGE HANDBOOK/GUIDE ___ DIRECT APPROACH

___ OTHER: SPECIFY _____

3. WHAT GUIDE DID YOU USE?

_____ BARRONS PG. NO. (S) _____

_____ PETERSONS PG. NO. (S) _____

_____ OTHER:

SPECIFY _____

5. HOW IS THIS UNIVERSITY/COLLEGE RATED?

_____ HIGHLY COMPETITIVE _____ COMPETITIVE _____ OTHER

6. WHAT ARE THE ENTRY REQUIREMENTS FOR THIS INSTITUTION?

7. HAVE YOU RECEIVED COUNSELING ON THIS CAREER CHOICE?

_____ YES _____ NO

8. IF YES, FROM WHOM?

_____ TEACHER _____ CAREER ADVISOR /COUNSELLOR

_____ PARENT _____ OVERSEAS STUDENT'S ASSOCIATION

_____ OTHER SPECIFY _____

9. WHAT ARE THE STRONG POINTS OF THIS INSTITUTION (AS THEY RELATE TO YOUR MAJOR)?

10. IS YOUR DEGREE CHOICE LISTED AS A MAJOR PROGRAMME AT THIS INSTITUTION? _____ YES

_____ NO

COMMENTS _____

11. WHAT IS THE INTERNATIONAL STUDENT POPULATION?

12. WHAT ARE THE GRADUATION REQUIREMENTS?

13. OTHER COMMENTS: _____

DECLARATION:

I hereby declare that all the particulars given in this application are true to the best of my knowledge and belief, and I have not willfully suppressed any material fact.

Signature of Applicant

Date

Notes:

False particulars or suppression of material facts will render you liable to disqualification and if appointed, to dismissal and/or appropriate legal proceedings.

MEDICAL EXAMINER'S REPORT

PART 1 To be completed by the examinee who is responsible for answering each question accurately. FAILURE TO DISCLOSE medical history in full may lead to rejection or cancellation of award.

A. Full name and permanent address (**BLOCK CAPTIALS – BLACK INK**)

Sex _____ Date of Birth _____

B. Have you had any of the following? Yes _____ No _____ If yes, please indicate below:

Tuberculosis _____ Gastric or Duodenal Ulcer _____

Epilepsy _____ Anaemia _____

Pneumonia _____ Recurrent Indigestion _____

Poliomyelitis or

other neurological disorder _____ Gynecological disorder _____

Pleurisy _____ Jaundice _____

Nervous disorder _____ Malaria or other tropical disease _____

Asthma _____ Dysentery _____

Psychiatric disorder _____ Operations _____

Allergic Disorder _____ Kidney or urinal complaint _____

Eye disorder _____ Serious accidents _____

Rheumatic fever _____ Rupture _____

Ear, Nose or Throat disorder _____ Diabetes _____

Heart Disease _____ Varicose Veins _____

Skin disease _____ Any other serious disorder? _____

C. If you answered yes to any of the preceding questions, please provide the following: -

(a) Year (b) Treatment received (c) Any recurrence of lasting effects

_____	_____	_____
_____	_____	_____
_____	_____	_____

(Signature is to be signed in presence of examining doctor)

Signature: _____ Date: _____

MEDICAL EXAMINER'S REPORT

Part II IMPORTANT – The objective of the examination is to determine that the candidate is physically and mentally fit to undertake a course of study overseas where he/she will be subject to the additional stress of living and working in a different culture and environment.

Your opinion is confidential to the Cayman Islands Monetary Authority and should not be discussed with the candidate.

A. General appearance and complexion: (*e.g.*, consistent with stated age.)

Height _____ Weight _____

Urinalysis – SG _____

Sugar: _____ Albumen: _____

Deposit: _____

Eyes: _____ Visual Acuity R _____ L _____

Nose & Throat _____ Teeth _____

B. Locomotor System- Upper Limbs _____ Lower Limbs _____

C. Cardiovascular System _____ Pulse Rate _____

Arteries _____

Heart Size _____ Heart Sounds _____

BP Systolic _____ Diastolic _____ Retinal Vessels _____

(If Hypertension present)

D. Respiratory System _____

E. Abdomen _____

Liver _____ Spleen _____ Hernial Sites _____

F. Reproductive system _____

Menstrual history _____

WR, Klein or VDRL/HIV _____

G. Central nervous system _____ Reflexes _____

Psychiatric assessment:

Mood _____ Stability _____ Sleep _____

H. Please comment on declared medical (if significant):

I. (a) Is the candidate at present being treated for any condition? _____

Please Specify _____

(b) Is the candidate likely to need further treatment overseas? _____

Signature of examining doctor _____ Date _____

Address _____

NOTE:

1. A CHEST X-RAY AND RADIOLOGIST REPORT ARE REQUIRED IN ALL CASES.
2. DISEASES UNLIKELY TO LEAD TO REJECTION OF CANDIDATE SHOULD BE TREATED WITHOUT DELAY AND TREATMENT COMPLETED BEFORE DEPARTURE.
3. LONG-STANDING CONDITIONS (e.g., DIABETES) WILL NOT NECESSARILY LEAD TO REJECTION OF CANDIDATES, PROVIDED THE CONDITION HAS BEEN STABLE UNDER TREATMENT FOR A SUFFICIENT LENGTH OF TIME.

FINANCIAL STATEMENT For SURETY

THIS FORM MUST BE RETURNED UPON RECEIPT OF A SCHOLARSHIP OFFER BY CIMA

NAME OF STUDENT _____

NAME OF SURETY _____

ADDRESS OF SURETY _____

TELEPHONE NO. (HOME) _____ (CELL) _____

PLACE OF EMPLOYMENT _____

POSITION _____

INCOME INFORMATION

Employer _____

Position _____

Salary (include allowance) p.a. _____

Other income p.a. _____

Total income p.a. _____

EXPENSES INFORMATION

Mortgage p.a. _____

Life Insurance p.a. _____

Health Insurance p.a. _____

School Fees p.a. _____

Other commitments (e.g. car loan etc.) p.a. _____

Total Annual Expenses _____

DATED SIGNED: _____

I hereby certify that the foregoing is true and correct to the best of my knowledge. I also certify that I have read the information for sureties and recognize fully my responsibilities in case of default of the student.

Signed, Sealed and Delivered by _____

In the presence of _____

Justice of the Peace/Notary Public, this _____ day of _____ 20____

Signature of Surety

Signature of Justice of the Peace/Notary Public

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REFERENCES for SCHOLARSHIP APPLICATION

Name of Applicant _____

Proposed Course of Study _____

Name of person giving the reference _____

Address and phone number _____

Please rate this applicant on a scale of 1-5 in the following areas.

5 is the highest rating. * = Unable to comment

	*	1	2	3	4	5
1. Ability to use the English language orally						
2. Ability to use the English language in writing						
3. Academic performance						
4. Academic potential						
5. Appearance						
6. Attitude towards peers/co-workers						
7. Attitude towards study/work						
8. Attitude towards authority						
9. Dependability						
10. Determination						
11. Flexibility						
12. Health						
13. Industry						
14. Initiative						
15. Responsibility						

REFERENCE for SCHOLARSHIP APPLICATION

Please give your assessment of this applicant's likelihood for success in the program applied

for _____

Please comment on any other personal or general characteristics of this applicant.

How long have you known this applicant? _____

What is your relationship to this applicant? _____

Date: _____ Signature: _____

Please return the reference directly to:

**Cayman Islands Monetary Authority
Human Resources Division
Re: Scholarship Application
P.O. Box 10052
Grand Cayman KY1-1001
CAYMAN ISLANDS**

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