



**Water Authority – Cayman**

**SCHOLARSHIP FUND - APPLICATION FORM A**

**I. Applicant Information:**

Name: \_\_\_\_\_

Date of Birth (dd/mm/yr): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_ Tel #s: \_\_\_\_\_

Proposed Area of Study: \_\_\_\_\_

Proposed Degree: \_\_\_\_\_

Institution of Study: \_\_\_\_\_

Estimated Annual Cost of Study (attach supporting documents): \_\_\_\_\_

**II. Academic Background:** List all academic institutions attended, period of attendance, qualifications attained and attach certified copies of certificates.

Name of Institution	Period of Attendance	Qualifications attained	Other relevant information

**III.** Please attach a copy of your **updated resume**.

**IV. References:** List names of three persons (at least one must be academic/business, the remaining, character references)

Name	Position	Institution/Organization	Contact Information	Relationship to Applicant

[illegible][illegible]

Date

**VII. For Official use:**

(a) Applicant Rating:

---

---

---

(b) Recommendation of Scholarship Committee:

[illegible]

Signed:

Chairperson

Member

Member

Member



**Water Authority – Cayman**

**SCHOLARSHIP FUND - APPLICATION FORM B**

**Reference Form**

Instructions: Section I is to be filled in by the applicant **and** the reference person. Section II is to be filled in by the reference person **only** then mailed/delivered in a sealed envelope to the Water Authority.

**I. Personal Information:**

Name of Student: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Institution: \_\_\_\_\_

Name of Referee: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_ Tel #s: \_\_\_\_\_

**II. Reference Information:**

(a) 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/Organizational performance						
4	Academic/Organizational 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						

(b) How long have you known the applicant and in what capacity?

---

---

---

(c) Please comment on your assessment of the applicant on a personal level.

---

---

---

---

(d) Please give your assessment of this applicant's likelihood for success in the programme to which he/she has applied.

---

---

---

---

(e) Would you recommend this applicant for financial assistance? Please comment on your response.

---

---

---

---

Signed

---

Date

---



**Water Authority – Cayman**

**SCHOLARSHIP FUND - APPLICATION FORM C**

**Financial Statement of Surety**

Name of Student: \_\_\_\_\_  
Name of Surety: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Mailing Address of Surety: \_\_\_\_\_  
Street Address of Surety: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel #s: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position: \_\_\_\_\_

**ANNUAL INCOME**

Salary (include allowances if any) \_\_\_\_\_  
Other income \_\_\_\_\_  
Total income \_\_\_\_\_

**ANNUAL EXPENSES**

Mortgage \_\_\_\_\_  
Life Insurance \_\_\_\_\_  
Health Insurance \_\_\_\_\_  
School Fees \_\_\_\_\_  
Utilities (water, electricity, phone, etc) \_\_\_\_\_  
Other Commitments (e.g. car loan etc.) \_\_\_\_\_  
Total Annual Expenses \_\_\_\_\_

\_\_\_\_\_  
Signature of Surety Date

I hereby certify that the foregoing is true and correct to the best of my knowledge. I also certify that I understand as a surety that I am fully responsible in case of default by the student and that I accept that responsibility.

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

*Stamp of the Justice of the Peace/Notary Public*



Please return this form no later than **Application Deadline** directly to:

The Chief Human Resource Manager  
Water Authority-Cayman  
13 G Red Gate Road  
P.O. Box 1104  
Grand Cayman KY1-1102  
CAYMAN ISLANDS

*Please mark envelope **CONFIDENTIAL***



**Water Authority – Cayman**

**SCHOLARSHIP FUND - APPLICATION FORM D**

**Medical Examiner's Report**

**IMPORTANT:** The object 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 Water Authority – Cayman and should not be discussed with the Candidate. Attach candidate's medical disclosure form to your report, seal and mail to address provided by the deadline stated.

**A. General Appearance**

Height \_\_\_\_\_ Weight (unclothed) \_\_\_\_\_

Urinalysis – 5G \_\_\_\_\_

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 \_\_\_\_\_

DP Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

Retinal vessels (if hypertensive) \_\_\_\_\_

**D. Respiratory System** \_\_\_\_\_

**E. Abdomen** \_\_\_\_\_

Liver \_\_\_\_\_ Spleen \_\_\_\_\_ Hernial sites \_\_\_\_\_



**F. Reproductive System** \_\_\_\_\_

Menstrual history \_\_\_\_\_

WR, Klein or VDRL/HIV \_\_\_\_\_

**G. Central Nervous Systems** \_\_\_\_\_ Reflexes \_\_\_\_\_

Psychiatric assessment:

Mood \_\_\_\_\_ Stability \_\_\_\_\_ Sleep \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please specify \_\_\_\_\_

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

Please specify \_\_\_\_\_

Name of Examining Doctor: \_\_\_\_\_

Signature of Examining Doctor \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

**NOTE**

1. A chest x-ray and radiologist report is 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 and /or Hypertension) will not necessarily lead to rejection of candidates, provided the condition has been stable under treatment for six months to one year.

## Medical History Disclosure

Instruction to Applicant: You are responsible for answering each question accurately. **Failure to disclose** medical history in full may result in disqualification or cancellation of award at a later date.

**A.**    Name: \_\_\_\_\_  
           Date of Birth: \_\_\_\_\_      Gender: \_\_\_\_\_  
           Mailing Address: \_\_\_\_\_  
           Street Address: \_\_\_\_\_  
           Email: \_\_\_\_\_ Tel #s: \_\_\_\_\_

**B.**    Do you have or have you had any of the following?

	Yes	No		Yes	No
Tuberculosis	_____	_____	Epilepsy	_____	_____
Pneumonia	_____	_____	Poliomyelitis or other neurological disorder	_____	_____
Pleurisy	_____	_____	Nervous disorder	_____	_____
Asthma	_____	_____	Psychiatric disorder	_____	_____
Allergic disorder	_____	_____	Eye disorder	_____	_____
Rheumatic fever	_____	_____	Ear, nose/throat disorder	_____	_____
HIV/AIDS/STD's	_____	_____		_____	_____
Heart disease	_____	_____	Skin disease	_____	_____
Gastric/Duodenal ulcer	_____	_____	Anaemia	_____	_____
Recurrent Indigestion	_____	_____	Gynecological disorder	_____	_____
Jaundice	_____	_____	Malaria/tropical diseases	_____	_____
Cancer	_____	_____		_____	_____
Dysentery	_____	_____	Surgery	_____	_____
Kidney/urinal complaint	_____	_____	Serious accidents	_____	_____
Rupture	_____	_____	Varicose veins	_____	_____
Diabetes	_____	_____	Any other serious disorders	_____	_____
Hypertension	_____	_____		_____	_____

C. If you have answered yes to any of the questions above, please give the following additional information for each.

(a) Year	(b) Treatment received	(c) Any recurring /lasting effects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please sign in the presence of the examining doctor.

_____	_____
Signature	Date

Please return this form (sealed by the doctor) no later than **Application Deadline** directly to:

The Chief Human Resources Manager  
Water Authority-Cayman  
13 G Red Gate Road  
P.O. Box 1104  
Grand Cayman KY1-1102  
CAYMAN ISLANDS

*Please mark envelope **CONFIDENTIAL***



***Water Authority – Cayman***

**SCHOLARSHIP FUND - APPLICATION FORM E**

**Grade Release Form**

By signing this form, the applicant agrees to provide the Water Authority - Cayman with full disclosure of his/her academic performance for the duration of the course of study, by submitting official transcripts at the end of every semester. Failure to adhere to this requirement will result in funds not being disbursed for subsequent semesters.

I \_\_\_\_\_ of \_\_\_\_\_  
(Print Applicant Name) (Postal Address)

hereby agree to provide the Water Authority – Cayman with an official transcript of my grades at the end of every semester, for the duration of my course of study. I understand and accept that this is one of the requirements of the scholarship and that my failure to comply can result in financial support being withdrawn and the bond being called in at the discretion of the Water Authority - Cayman.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (name & signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, Water Authority - Cayman

\_\_\_\_\_  
Date