



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/ Estimated Completion Date: _____

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



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 **30 April, 2022**, 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	_____	_____	Skin disease	_____	_____
Heart disease	_____	_____	Anaemia	_____	_____
Gastric/Duodenal ulcer	_____	_____	Gynecological disorder	_____	_____
Recurrent Indigestion	_____	_____	Malaria/tropical diseases	_____	_____
Jaundice	_____	_____	Surgery	_____	_____
Cancer	_____	_____	Serious accidents	_____	_____
Dysentery	_____	_____	Varicose veins	_____	_____
Kidney/urinal complaint	_____	_____	Any other serious disorders	_____	_____
Rupture	_____	_____			
Diabetes	_____	_____			
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 **30 April, 2022**, directly to:

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Water Authority-Cayman
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P.O. Box 1104
Grand Cayman KY1-1102
CAYMAN ISLANDS

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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