*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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**V. Personal Statement of Objectives:** Please state your goals for self-development and how you propose to achieve them in 400 – 500 words.

**VI. Personal Statement of Need**: Please state why the Water Authority should consider your request for funding your education in 400-500 words.

Applicant Signature

Date

**VII. For Official use:**

(a) Applicant Rating:

_____

_____

_____

(b) Recommendation of Scholarship Committee:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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 **28 February, 2026**, directly to:

The Chief Human Resources Officer
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 - MEDICAL DECLARATION

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. A medical condition or illness will not preclude the awarding of the scholarship; instead, help to ensure the appropriate support and accommodations are made to ensure the candidate's success in their studies.

I_____have provided all the necessary information to the doctor

*Candidate's Name*

regarding my medical history for this examination. I have been truthful regarding any medical or mental concerns that I believe could at times impact my studies.

I,_____have examined the candidate _____and

*Print Doctor's Name* *Print Candidate Name*

have found them to:

_____ be physically and mentally fit to undertake overseas studies

_____ have a medical condition which will require additional support(s), which I have advised the candidate on.

Signature of examining doctor _____

Date _____

Address _____

_____

_____

I,_____declare that to the best of my knowledge, I am

*Candidates Name*

physically and mentally fit to undertake studies overseas, where I will be subject to additional stress related to living and studying in a different culture and environment. I have declared any condition or illness that may impact my studies and made appropriate arrangements to manage while studying overseas. I commit to informing the Water Authority if any situations occur that may impact my studies and performance immediately.

| | |
|---|---|
| _____ | _____ |
| Candidate Name (Print) | Candidate Signature |

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Email Contact | Phone Contact | Date |

*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