

Full Name (Surname, First, Middle):

Date of Birth (dd/mm/yyyy):

Gender: Male Female

Place of Birth:

Nationality:

Caymanian Status: Yes No

Place of Residence (Full Address):

Mailing Address:

Post Code:

Telephone: (Home) (Mobile) (Other)

E-mail1:

Overseas Address:

Overseas Telephone: (Mobile) (Other)

E-mail2:

1) Full Name of Parent/Guardian:

Parent/Guardian Contact numbers: (Work) (Mobile)

Parent/Guardian Contact e-mail:

2) Full Name of Parent/Guardian:

Parent/Guardian Contact numbers: (Work) (Mobile)

Parent/Guardian Contact e-mail:

SECONDARY

Secondary School Attended:

Results/Degree attained:

Date Completed (mm/yy):

TERTIARY

Name of College/University:

Previous

Current

Intended

Address:

Website:

Intended/Current Programme:

Indicate the length of your intended/current programme:

Indicate remaining length of your intended/current programme:

SCHOLASTIC ACHIEVEMENTS AND COMMUNITY INVOLVEMENT (list and attach additional information if necessary):

- | | | | |
|----|----------------|------|----|
| 1) | Dates (mm/yy): | from | to |
| 2) | Dates (mm/yy): | from | to |
| 3) | Dates (mm/yy): | from | to |

Are you currently enrolled in an academic programme?

Yes

No

If yes, please state name of the institution:

Have you applied for a scholarship, bursary or award for the current/upcoming year?

Yes

No

Have you been granted a scholarship, bursary or award for the current/upcoming year?

Yes

No

If yes, please state name of the award:

Amount of the award:

Duration of the award:

Are you currently receiving financial support or will be obtaining support from:

Parent(s)/Guardian(s):

Yes

Maybe

No

Other sources:

Yes

Maybe

No

If you have answered 'Yes' or 'Maybe' to the previous question, please provide details of personal assistance or how you intend to finance your educational cost for the upcoming academic year (i.e. loans, savings, etc.):

Tell us what particular field of tertiary study you wish to enter:

Tell us why that particular field of study is interesting to you:

Tell us whether you have established career goals and what they are:

Tell if you have work experience, with whom and how long:

Tell what you know about DMS, whether you would be interested in working at DMS and the reasons why:

How did you hear about the DMS Education Grant?

Caymanian Compass School Yearbook, which one:

Other, specify:

Do you intend to return to the Cayman Islands upon completion of your tertiary studies? Yes No

If not, what are your plans?

Please provide a brief summary of your background, including any past work experience and/or past experience of service or leadership in the community and your continued involvement to date.

If you are not currently enrolled in an academic programme, please provide any activities which you have participated in that would help the Grant Committee understand your desired career path and your plans for the future.

Your Personal Statement must be handwritten and no more than 500 words.

Please refer to the template page as per the Appendix.

ACADEMIC REFERENCE

Please provide details of the Principal of the Secondary School currently attending or last attended by the Applicant

Full Name of Principal:

Name of Institution:

Physical Address of Institution:

Mailing Address:

Post Code:

Telephone: (Work)

(Mobile)

(Other)

CHARACTER REFERENCES

Please provide details of two persons other than relatives who know the Applicant well and are willing to provide a character reference; such persons can include government officials, pastors, teachers, youth leaders, extracurricular leaders and persons of similar standing. In the event of employment, please provide an additional reference. Each Referrer will complete the specified form noted in the Appendix and return this to the noted address as indicated on the form.

1) Full Name:

Mailing Address:

Post Code:

Telephone: (Work)

(Mobile)

(Other)

Email:

2) Full Name:

Mailing Address:

Post Code:

Telephone: (Work)

(Mobile)

(Other)

Email:

3) Full Name:

Mailing Address:

Post Code:

Telephone: (Work)

(Mobile)

(Other)

Email:

DECLARATION

I/We declare that I am/we are Caymanian and a resident of the Cayman Islands, enrolled as a full-time student prior to my/our applying for this education grant.

I/We declare that the information contained in this application to be correct to the best of my/our knowledge and belief and I/we understand that providing false or materially misleading statements may lead to the refusal or withdrawal of the education grant.

Signature of Applicant:

Signature of Parent/Guardian:
(If applicant is under 18 years of age)

- 1) **CHARACTER REFERENCE**
- 2) **PERSONAL STATEMENT**
- 3) **FINANCIAL STATEMENT**
- 4) **CHECKLIST**

Name of Applicant:

Proposed Course of Study:

Name of Referrer:

Mailing Address:

Post Code:

Telephone: (Work) (Mobile) (Other)

Email:

How long have you known the Applicant?

What is your relationship to the Applicant?

How often do you interact with the Applicant?

Please provide your comments on the personal or general characteristics of the Applicant:

Based on your knowledge and interaction with the Applicant, please give your assessment of their likelihood for success at the tertiary level:

Signature of Referrer:

Date:

Please return this character reference directly to:

dmsgrant@dmsgovernance.com or DMS House, 20 Genesis Close, P.O. Box 314, KY1-1104, Cayman Islands

Name of Applicant:

Proposed Course of Study:

Signature of Applicant:

Date:

Name of Applicant:

Proposed Course of Study:

Current/Intended Institution:

INCOME

Savings Plans:	CI\$	Scholarships:	CI\$	Awards:	CI\$
Family Assistance:	CI\$	Personal Contribution:	CI\$		
Other (specify):			CI\$	TOTAL INCOME:	CI\$

EXPENSES

EDUCATION EXPENSES

Tuition and Registration:	CI\$	Books and Supplies:	CI\$
Other (specify):			CI\$

LIVING EXPENSES

Housing and Utilities:	CI\$	Meals/Food:	CI\$	Travel/Transportation:	CI\$
Insurance:	CI\$	Insurance:	CI\$	Clothing:	CI\$
Entertainment:	CI\$	Other (specify):			CI\$
TOTAL EXPENSES:					CI\$/US\$

NOTE: Please provide support for tertiary related expenses, e.g. a letter from the institution, tuition/fee page from the website.

I affirm that the information provided herein is true and correct. I understand that should the information provided be found untrue, any financial assistance provided by the Grant Committee may be withdrawn. I further understand that failure to make full and accurate disclosure of my finances will invalidate my application.

Signature of Applicant:

Date:

The deadline for receipt of the application and all associated documentation is Friday, July 12, 2019.

Applications should be addressed or delivered to:

dmsggrant@dmsgovernance.com or DMS House, 20 Genesis Close, P.O. Box 314, KY1-1104, Cayman Islands

Applications received after that date will not be considered.

The following documents must be submitted together with the completed Application form. Please double-check the enclosures and make copies for your records. The Application form and associated documentation will not be returned. Please note that personal information will be treated in accordance with DMS' privacy policy at dmsgovernance.com/online-terms-and-conditions/.

Cover letter

Valid Identification (copies are acceptable)

- Student identification; and
- Driver's Licence.

Curriculum Vitae

Official Tertiary transcript for current period

Proof of Letter of Core funding from Source

Financial Statement

Academic References

Personal Statement (handwritten)

Proof of Health Insurance coverage