

HSM

Scholarship Fund

Application Form

Please read the form carefully and answer all the sections of the form truthfully. **Do not alter the form in any way.**

Once the form is completed please ensure that both the Application Form and the Terms & Conditions on the last page are signed and dated. Please check your spelling. **There should be no errors or crossing-out of mistakes on either the form or your cover letter.**

Before submitting your application please check that you have included the following:

- **a cover letter in your own handwriting** stating why you should be considered for a scholarship and describing your future aims and ambitions;
- a transcript of all your most recent grades; and
- at least **two signed references**, neither of which should be from a family member and one of which should be from a school Principal or teacher.

Part A (To be completed by the Applicant)

Personal Details

Full name: _____

Age: _____

Date of birth: _____

Gender: Male / Female (circle one)

Nationality: _____

Home address: _____

Mailing address: P.O. Box _____

Telephone (home): _____

Telephone (mobile): _____

E-mail: _____ @ _____

Marital status: Single / Married (circle one)

Number of dependents: _____

Education

Previous qualifications gained (level / subject / grade / date): _____

Name of current place of study: _____

Address: _____

Current course(s) (level / subject): _____

Full title of the course you wish to take: _____

Name of school / college / university offering the course: _____

Address: _____

Duration of course: _____

Start date: _____

Qualification at end of course: _____

Tuition costs per term for the first year (CIS):

Fall: _____

Spring: _____

Summer: _____

Additional estimated costs per term for the first year (registration fee / student id / books, etc.) (CIS):

Special Interests

List your special interest(s): _____

List any achievements (awards / prizes): _____

List any youth / community / charitable initiatives you have been part of: _____

Work Experience

Full time or Part time: _____

Name of employer(s): _____

Date(s): _____

Job title(s): _____

Responsibilities: _____

Where any of these positions paid? Yes / No (circle one)

Financial Information

Total savings (C\$): _____

Estimated earnings during study period (C\$): _____

Parental contributions (C\$): _____

Total of any other scholarships / awards / bursaries (please specify) (C\$): _____

Other sources of income (please specify) (C\$): _____

Total student income (C\$): _____

Part B (To be completed by a parent or legal guardian if the applicant is under 18 years old)

Parent or Guardian Financial Information

Full name: _____

Relationship to Applicant: _____

Nationality: _____

Home address: _____

Mailing address: P.O. Box _____

Telephone (home): _____

Telephone (work): _____

Telephone (mobile): _____

E-mail: _____ @ _____

Occupation: _____

Name of employer: _____

Number of dependents: _____

Total number of people living in household: _____

Total household income per year (inc. rents, bonuses, other interests etc.) (CIS): _____

Total household expenses per year (inc. rent, mortgages, loans, utilities, insurance, school fees, travel expenses etc.) (CIS): _____

Total net Income per year

(Total household income per year – Total household expenses per year = Total net income per year) (CIS): _____

I certify that to the best of my knowledge the information provided above is true and accurate.

I understand that if the information provided above is found inaccurate any financial assistance offered by HSM Scholarship Fund may be withdrawn at any time and repayment, in whole or in part, may be required.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____

Terms & Conditions

General

The HSM Scholarship Fund ("the Fund") may be awarded in full or part each year to any person ("the Recipient") who is ordinarily resident in the Cayman Islands aged between 16 and 25 and in need of financial assistance without which they would be unable to commence or continue with their chosen academic or vocational training.

1. The selection of the Recipient is decided by the Selection Committee.
2. To qualify candidates must:
 - a. Be ordinarily resident in the Cayman Islands
 - b. Be aged between 16 and 25 years old
 - c. Demonstrate the need for financial assistance without which they would be unable to commence or continue with their chosen academic or vocational training
3. The Recipient must complete the full term of study. If the Recipient does not complete the full term of study the Fund reserves the right to request repayment of the Fund in whole or in part.
4. The Recipient must achieve and maintain a passing level on all course work or examinations over the full term of study and maintain a satisfactory standard of behavior at all times.
5. The Recipient will be required to furnish the Selection Committee with official transcripts / grades at the end of each term as provided by the educational establishment.
6. The Fund reserves the right to withhold or require repayment of the Fund in whole or in part in the event of a failure to meet the terms and conditions of this agreement until such times as all the terms and conditions are met.
7. Payment from the Fund will be paid directly to the educational establishment and not to the Recipient personally.
8. The Recipient may hold other scholarships, financial awards or bursaries from other sources provided the Recipient discloses this information beforehand to the Selection Committee. The Selection Committee must be satisfied that the total value of all the awards along with the Fund does not exceed the Selection Committee's estimate of the costs of tuition.
9. The Recipient may reapply for the Fund following completion of their term of study provided they still qualify to apply for the Fund.
10. The Selection Committee reserves the right to withhold the Fund for any reason.
11. The application must be made on the above Application Form, accompanied by a cover letter in the candidates own handwriting; a transcript of all the candidates most recent grades; and at least two

signed references, neither of which should be from a family member and one of which should be from a school Principal or teacher.

12. Incomplete applications will not be considered and the Selection Committee will not follow up with applicants to obtain missing documentation.
13. The Selection Committee must be notified of any material changes to the information given.
14. The Selection Committee will not enter into any correspondence regarding an application after its consideration.
15. All applications should be addressed to:
HSM Scholarship Fund
Attention: Mr. Huw Moses OBE
and sent by e-mail to: **octagon@candw.ky**
or by hand delivery to:
c/o HSM
68 Fort Street
George Town
Grand Cayman
or by post to:
c/o PO Box 31726 Grand Cayman KY1 1207
16. Short-listed candidates will be called for an interview by the Selection Committee. A candidate's chances of success may be jeopardized if they are not able to attend the interview.
17. The successful candidate will receive an offer letter which specifies the value of the scholarship and outlines how to accept or reject your scholarship. If you do not respond to your scholarship offer by the due date stated in the offer letter your scholarship will be allocated to another eligible candidate.
18. Successful candidates may be required to produce certain documents to support their application.
19. Successful candidates may be required to participate in promoting the Fund.
20. If the Application Form and Terms & Conditions are incomplete, inaccurate or not signed and dated by both the parent or guardian (if applicant is under 18 years old) and the applicant then the application will not be considered.

I certify that I have read and understood these Terms & Conditions.

Parent / Guardian's Name: _____

Parent / Guardian's Signature: _____

Applicant's Name: _____

Applicant's Signature: _____

Date: _____