



MINISTRY OF  
EDUCATION, YOUTH, SPORTS  
AGRICULTURE & LANDS  
CAYMAN ISLANDS GOVERNMENT

Government Administration Building Box 108  
133 Elgin Avenue Grand Cayman KY1-9000  
CAYMAN ISLANDS  
t. (345) 244 2417 f. (345) 949 9343  
www.education.gov.ky

**LOCAL APPLICATION FOR:  
ADVANCED PLACEMENT (AP)  
CAPE STUDIES  
INTERNATIONAL BACCALAUREATE (IB)**

**APPLICANT CHECKLIST**

**Application Period: 1<sup>st</sup> Mar – 30<sup>th</sup> Apr annually**

**Stage 1**

- One passport sized photograph
- Birth certificate and proof of having the Right to be Caymanian (*notarized copies will suffice*).  
If applicable, adoption papers are also required. (*Birth certificate should state parents' place of birth*)
- Applicant's cover letter, to be addressed to **The Scholarship Secretariat, Ministry of Education, Youth, Sport, Agriculture and Lands, 2<sup>nd</sup> Fl., Government Administration Building, 133 Elgin Avenue, P.O. Box 108, Grand Cayman, KY1-9000, CAYMAN ISLANDS**

**Stage 2**

- Personal Statement (*included and completed online*)

**Stage 3**

- Transcripts from all high school and post-secondary institutions
- Copies of all degrees or certificates achieved

**Stage 4**

- Letter of acceptance or evidence of application from college/university (provisional/unconditional).
  - Completed, signed and dated application Form
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### **ACADEMIC CRITERIA FOR FUNDING**

**Scholarship funding will be provided for those qualifying students who are going into their final year of studying AP, IB, and CAPE Programmes up to CI\$7,000 for the final year. However, students must be registered in the following:**

#### **ADVANCED PLACEMENT (IP):**

- Registered in a minimum of two AP subjects which are in addition to a minimum of two AP subjects already completed in the first year of AP studies and other subjects as required by relevant school
- Have a minimum GPA of 3.25 with no D's & F's in first year of study of AP
- Have recommendation from relevant institution to continue with AP Studies

#### **CAPE :**

- Registered in three 2-Unit subjects
- Obtain a minimum grade of C/iii in 3 subjects in first year of CAPE

#### **INTERNATIONAL BACCALAUREATE (IB):**

- Registered in a minimum of one Higher Level (HL) Certificate and four Standard Level (SL) Certificates
- Have a minimum GPA of 3.25 with no D's & F's in first year of study of IB
- Have recommendation from relevant institution to continue with IB Studies

Please note that scholarship funding is not guaranteed, and the Education Council therefore reserves the following rights:

- to prioritise the award of scholarships by areas of study;
- to prioritise the award of scholarships by degree;
- to prioritise the award of scholarships based on the availability of funds as determined by Cabinet.

CONTACT DETAILS FOR THE SCHOLARSHIP SECRETARIAT:

Email: [scholarships@gov.ky](mailto:scholarships@gov.ky)

Tel: 244-2482



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**Section I: APPLICANT DETAILS**

CourseType:  International Baccalaureate  Advanced Placement  BTEC  CAPE

Name: \_\_\_\_\_  
(last/family) (first) (middle)

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

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

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Contact # for Parent/Guardian: \_\_\_\_\_

**OFFICIAL USE ONLY**

Date of Application Submission: \_\_\_\_\_ Confirmation Receipt Sent: \_\_\_\_\_

Date of Council Review: \_\_\_\_\_ Council Decision: \_\_\_\_\_

Council Comments: \_\_\_\_\_

Decision Notification Letter Sent: \_\_\_\_\_

Additional Notes: \_\_\_\_\_



**Section 2: INSTITUTION & PROGRAMME OF STUDY**

Name of Institution: \_\_\_\_\_

Proposed/Current (if presently enrolled) Classes: \_\_\_\_\_

Total Length of Programme: \_\_\_\_\_ Anticipated Total Cost of Programme (per annum): \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Have you already started this course? If so, when? \_\_\_\_\_

**SECONDARY SCHOOLS (high schools)**

NAME OF SCHOOL	SCHOOL MAILING ADDRESS	SCHOOL TELEPHONE	DATES ATTENDED

**SECONDARY SCHOOLS EXAMINATION RESULTS (CXC, GCSE, IGCSE)**

EXAMINATION	SUBJECT	GRADE	DATES

**POST-SECONDARY SCHOOLS (AP/ CAPE / IB / CIFEC)**

NAME OF SCHOOL	SCHOOL MAILING ADDRESS	SCHOOL TELEPHONE	DATES ATTENDED



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**POST-SECONDARY SCHOOLS EXAMINATION RESULTS**

EXAMINATION	SUBJECT	GRADE	DATES

**Extracurricular Activities/Community Service:**

ACTIVITY	DATE	POSITION HELD, IF APPLICABLE

**Awards Received:**

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\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**



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**Information Release Form**

**Cayman Islands Government Scholarship Holders**

I, \_\_\_\_\_ of P.O. Box \_\_\_\_\_  
(name of student)

am currently on a scholarship from the Cayman Islands Government to attend the

\_\_\_\_\_  
(Name of School)

and do hereby give permission for the Ministry of Education/Education Council of the Cayman Islands to

contact my school and obtain any relevant academic, attendance and citizenship information pertaining

to me.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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**Post Secondary Student Declaration**

I, \_\_\_\_\_ of P.O. Box \_\_\_\_\_  
 (Name of Student)

am applying for a scholarship from the Cayman Islands Government to attend the AP / CAPE / IB  
 (delete as appropriate)

Programme at \_\_\_\_\_. I understand that

should I decide to study elsewhere, on completion of this programme, this decision may limit my ability

to obtain subsequent scholarship funding. I have discussed this with my parents/guardians.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I understand that should \_\_\_\_\_ fail to complete this programme  
 (Name of Student)

I \_\_\_\_\_ will be responsible for the repayment of all funds awarded to date.  
 (Name of Parent/Guardian)

STUDENT SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_