



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

APPLICATION FOR NEW MEDICAL SPECIALISATION SCHOLARSHIP

DOCUMENTS CHECKLIST

Application Period: 1 November – 14 November 2018

- 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*)
- Proof of domicile in the Cayman Islands
- Completed Medical Form ([found at www.education.gov.ky/scholarships](http://www.education.gov.ky/scholarships))
- Applicant's cover letter, to be addressed to **The Scholarship Secretariat, Ministry of Education, Youth, Sports, Agriculture and Lands, 2nd Fl., Government Administration Building, 133 Elgin Avenue, P.O. Box 108, Grand Cayman, KY1-9000, CAYMAN ISLANDS**
- Personal Statement
- Proof of completion of work experience relevant to course
- Transcripts from all tertiary institutions
- Copies of all degrees or certificates achieved
- Letter of acceptance or evidence of application from hospital/university (provisional/unconditional).
- Official documentation from hospital/university stating specified costs
- Completed University costs spreadsheet ([found at www.education.gov.ky/scholarships](http://www.education.gov.ky/scholarships))
- Letter from surety's employer
- Reference letter from surety's bank
- Academic Reference
- Personal Reference
- Completed, signed and dated application Form

It is the responsibility of the applicant to supply all required documentation noted above and return scanned by email together with the completed application form to scholarships@gov.ky. Please ensure that you include "New Medical Specialisation Scholarship" in the subject heading of your email.

Website: www.education.gov.ky/scholarships

CONTACT DETAILS FOR THE SCHOLARSHIP SECRETARIAT:

Email: scholarships@gov.ky

Tel: 244-2482



The New Medical Specialisation Scholarship

The Ministry of Education, Youth, Sports, Agriculture and Lands, in conjunction with the Ministry of Health, Environment, Culture and Housing and the Cayman Islands Health Services Authority, is offering an overseas scholarship package for junior Caymanian doctors who have completed their internship and are seeking to undertake specialty training.

The scholarship will be awarded for up to five years for the applicant to pursue studies at an institution recognized to provide high level training in the specialty being pursued. The application is open to all doctors in public or private practice who meet the scholarship criteria including possessing the right to be Caymanian.

New medical specialisation scholars would be bonded to return to the Health Services Authority and work for at least the length of time spent on the medical specialisation scholarship.

The New Medical Specialisation Scholarship is valued at up to CI \$125,000 per annum and shall be applied as follows:

- (i) Tuition and other school related fees and expenses.
- (ii) Monthly stipend to cover living expenses such as accommodation, utilities, groceries, transportation, airfare, etc.
- (iii) Other expenses such as medical equipment, conferences, etc will be paid as invoiced if approval is granted.
- (iv) Small allowance will be awarded in addition to the annual expenses.

Qualification Criteria

1. Applicants must:
 - Possess the most recent qualification with a minimum of :
 - A MBBS/MD degree with a cumulative GPA of 3.0 or an Upper Second Class Degree (2:1) or higher.
 - Or a Master's degree with a cumulative GPA of 3.0 or an Upper Second Class Degree (2:1) or higher.
 - Current programme with a semester GPA of 3.0 or an Upper Second (2.1) or an assessment of **Satisfactory** or higher.
2. Possess the right to be Caymanian
3. Be domiciled in the Cayman Islands during the immediate 5 years prior to application

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.



Section I: APPLICANT DETAILS

Degree Type/Course: **MEDICAL SPECIALISATION**

Name of Applicant: _____
(last/family) (first) (middle)

Date of Birth: _____ Marital Status: _____
(dd/mm/yyyy)

Local Mailing Address: _____
Local Postal Code: _____ Email Address: _____
Local Telephone: _____ Alternate Telephone: _____
Local Physical Address: _____

Overseas Mailing Address: _____

Overseas Telephone: _____ Alternate Telephone: _____
Email Address (if different from above): _____

OFFICIAL USE ONLY

Date of Application Submission: _____ Confirmation Receipt Sent: _____ Date: _____

Date of Interview: _____ Panel Recommendation: _____

Panel Comments: _____

Date of Council Review: _____

Council Decision: _____

Council Comments: _____

Decision Notification Letter Sent: _____ Date: _____

Programme available locally: _____

Is the institution: accredited?: _____ competitive?: _____ better than competitive?: _____



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Section 2: INSTITUTION & PROGRAMME OF STUDY

(If you have applied to more than one institution, please complete a Section 2 form on each university)

Name of Institution: _____

Physical Address: _____

Telephone Number: _____ Website Address: _____

Proposed Start Date: _____ Estimated Graduation Date: _____

Proposed Specialisation : _____

Total length of Programme: _____

Number of Semesters/Years Completed (if any): _____

Graduation Requirements: _____

If, it is **US** Institution the minimum accreditation rating is **Regional**

Please name the Accrediting Body: _____

Ranking of University (i.e. competitive, highly competitive etc): _____

Total Programme Cost: _____

(*Please complete the University Cost Excel Spread sheet and attach official university documentation to verify the amounts.)

How do you intend to cover remaining costs not covered under scholarship? Or how do you intend to cover costs if scholarship application is not successful?

Have you submitted application for private sector scholarship funding: YES / NO
 (* If yes, please give details of where applications have been submitted to. Award letter copies will have to be provided to the Secretariat once received)



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Section 3: EDUCATIONAL BACKGROUND

TERTIARY INSTITUTIONS (Undergrad/Postgrad Studies)

NAME OF INSTITUTION	SCHOOL MAILING ADDRESS	SCHOOL TELEPHONE	DATES ATTENDED

GPA RESULTS (most recent, should be from last school attended)

Year: _____ Semester: _____ Semester GPA: _____ Cumulative GPA: _____

*Please note that original transcripts, certified copies of diplomas or certificates verifying the information stated, must be attached to this application.

Extracurricular activities/community service/awards received: _____

UNDER GRAUDATE AND POST GRADUATE DEGREES IN PROGRESS OR COMPLETED:

Under Graduate Degree in progress or completed: _____

Area of Study: _____ Final Cum GPA: _____ Class (UK): _____

Post Graduate Degree in progress or completed: _____

Area of Study: _____ Final Cum GPA: _____ Class (UK): _____

Signature of Applicant

Date



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PERSONAL REFERENCE (Confidential)

(To be completed by someone who's known the applicant for at least one year and is not an immediate family member)

Name of Applicant: _____

Proposed Course of Specialization: _____

Name of Referrer: _____

Referrer Mailing Address: _____

Referrer Telephone: (work) _____ **(mobile)** _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please give your assessment of this applicant's likelihood for success in the program applied for.

To your knowledge, how does the applicant typically handle challenging situations?

Please comment on any other personal or general characteristics of this applicant.

 Signature

 Date

*Please return this reference by email directly to the:

The Scholarship Secretariat
C/o Ministry of Education, Youth, Sports, Agriculture and Lands
Govt. Admin. Bldg. Box 108
113 Elgin Avenue,
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ACADEMIC REFERENCE (Confidential)

(To be completed by someone who's known the applicant for at least one year and is not an immediate family member)

Name of Applicant: _____

Proposed Course of Specialization: _____

Name of Referrer: _____

Referrer Mailing Address: _____

Referrer Telephone: (work) _____ **(mobile)** _____

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Please give your assessment of this applicant's likelihood for success in the program applied for.

To your knowledge, how does the applicant typically handle challenging situations?

Please comment on any other personal or general characteristics of this applicant.

 Signature

 Date

*Please return this reference directly by email to:

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