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

OVERSEAS APPLICATION FORM

Degree Level: ☐ **Cert/Diploma** ☐ **ASSOC** ☐ **BACH** ☐ **MAST** ☐ **PhD**

Scholarship Type: ☐ **Standard TVET** ☐ **Standard Overseas** ☐ **Gwen Bush** ☐ **MACI**

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

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

Local Mailing Address: _____ Local Postal Code: _____

Local Physical Address: _____

Email Address: _____

Local Telephone: _____ Alternate Telephone: _____

Overseas Mailing Address: _____

Overseas Telephone: _____

DECLARATION OF ACCURACY

To be eligible for a scholarship/funds from the Education Council of the Cayman Islands Government ("the Government"), you must agree to the following statements and sign to indicate your approval:

I hereby make an application for a scholarship/funds from the Government, to assist with my tertiary education.

I declare that, to the best of my knowledge, the information provided on this application is true, correct and complete. The Cayman Islands Government has my permission to verify any information provided and contact any credit reporting agency as deemed necessary.

I fully understand that it is unlawful to knowingly make any false statement or representation on this application and that any such false statement or misrepresentation will result in the said scholarship being rescinded, whereupon I will become liable to the Cayman Islands Government for the full amount of the funds disbursed to me.

I understand my request for a scholarship/funds will not be reviewed and may be voided unless my application form is complete, accompanied by the required documentation and submitted within the specified timeframe through the online application programme featured on the Scholarship Website at www.eduation.gov.ky/scholarships.

_____ _____
Signature of Applicant **Date**