



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

Government Administration Building Box 108
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CAYMAN ISLANDS
t. (345) 244 2417 f. (345) 949 9343
www.education.gov.ky

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 Study: _____

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

*This reference can be submitted online or by email directly to the:

Email: scholarships@gov.ky



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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 Study: _____

Name of Referrer: _____

Referrer Mailing Address: _____

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

How long have you known the applicant? _____

What is your relationship to the applicant? _____

How often do you see the applicant at the present time? _____

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

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