

**2019-2020 Scholarship  
for Academic and Leadership Excellence  
Application**



CAYMAN INTERNATIONAL SCHOOL  
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## Introduction

Cayman International School is dedicated to providing CIS students with a world-class education. CIS will provide a FULL scholarship to a new student entering Grade 9 at Cayman International School in the 2019-2020 school year. The winner of the scholarship will receive full tuition for four years (8 semesters) until he/she graduates from CIS, as long as the academic and leadership requirements are maintained by the scholarship student. The International Baccalaureate (IB) Diploma Programme is offered to students in Grades 11 and 12.

## Items to Be Submitted

1. **Proof of Caymanian Status – passport and birth certificate, and/or letter from immigration indicating Caymanian status**
2. **Copies of report cards from the past two years**
3. **Transcript, standardized test scores, psychological reports, individualized education plans, or other academic evaluations (if available)**
4. **1 current photo**
5. **Copy of Health Insurance card**
6. **Copy of immunization record**
7. **Two confidential recommendations**
  - a. One recommendation must be from the Principal or Guidance Counselor at the school attended. Please use the attached form for this recommendation.
  - b. One recommendation must be from one of the student's core teachers in English, Math, or Science. Please use the attached form for this recommendation.
8. **Academic/Leadership Essay:** Please submit an essay written in your own words. The following should be addressed in the essay:
  - a. Explain the role of academics and leadership in your life presently and in the future.
  - b. What are at least three ways that you have stood out as a leader in your school and/or your community?
  - c. Describe how an opportunity to attend Cayman International School will help you achieve your school goals.
9. **Evidence:** Please collect evidence to support leadership and academic accomplishments (copies of report cards, outstanding assignments, additional letters of support from teachers or peers, extracurricular activities, etc.).
10. **Financial Need:** Please submit evidence of financial need as noted in the application form.
11. **Application:** Please send the Scholarship Application with the required attachments along with the supporting documentation requested above, to Cayman International School, Attention: Director. The address is PO Box 31364, Grand Cayman, KY1-1206. You may also send it by email to [admissions@cis.ky](mailto:admissions@cis.ky).

## Age Criteria/Time Frame

The student should be 14 years old prior to Oct. 1, 2019, to enter Grade 9 or be enrolled currently in Grade 8 (or Year 9). Applications will be received until 4:30 pm on May 17th, 2019. Finalists will be invited to interview with the Scholarship Committee by the end of May 2019.

## Contact Information

**Students Legal Name** (Family Name, First, Middle): \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ **Sex** (Circle One): M F **Date of Birth** (MM/DD/YYYY): \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Language Spoken:** (First) \_\_\_\_\_ (Second) \_\_\_\_\_

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

**Mailing Address** (PO Box): \_\_\_\_\_

**School(s) Attended** (Please list most current school first):

Name of School	City/Country	Grade Level(s)	Dates Attended	Special Programs (If applicable)

\*Please submit standardized test scores, individualized education plans, or reports of special testing.

<b>Parent/Guardian 1 Name:</b>		<b>Parent/Guardian 2 Name:</b>	
<b>Nationality:</b>		<b>Nationality:</b>	
<b>Employer:</b>		<b>Employer:</b>	
<b>Primary Email:</b>		<b>Primary Email:</b>	
<b>Alternate Email:</b>		<b>Alternate Email:</b>	
<b>Primary Phone #:</b>		<b>Primary Phone #:</b>	
<b>Alternate Phone #:</b>		<b>Alternate Phone #:</b>	

## Family Information

The student will be living in Cayman with (check all that apply):

Father  Mother  Step-Father  Step-Mother  Guardian (Name): \_\_\_\_\_

<b>Name of Brother/Sister/Step/Half</b> (Please indicate if the sibling is brother/sister/step/half)	<b>Age</b>	<b>Grade</b>	<b>Name/Location of School</b>

## Student Information

Describe your child as a student: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever skipped a grade or been retained?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child been in a special program or received a special service (i.e. gifted/talented, speech therapy, ESL or bilingual, occupational therapy, or been evaluated for learning program/service)?  
 Yes  No If yes, please describe and include a copy of any report(s): \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special physical, social, emotional, psychological, or language needs?  
 Yes  No If yes, please explain: \_\_\_\_\_

Has your child taken any standardized tests?  Yes  No If yes, please list the title(s) of tests and submit copies of the report: \_\_\_\_\_

## Misc. Information

How did you learn about the scholarship? \_\_\_\_\_

## Health Information

Please select any conditions relevant to your child:

- |  |   |
|--|---|
| <input type="checkbox"/> ADHD              | <input type="checkbox"/> Asthma                       |
| <input type="checkbox"/> Eye Problems      | <input type="checkbox"/> Diabetes                     |
| <input type="checkbox"/> Dyslexia          | <input type="checkbox"/> Allergies                    |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Emotional problems           |
| <input type="checkbox"/> Ear problems      | <input type="checkbox"/> Wears glasses/contact lenses |

If you answered yes to any of the above, please provide details: \_\_\_\_\_

\_\_\_\_\_

Please provide any other information we should know about your child's health: \_\_\_\_\_

\_\_\_\_\_

Is the student on any type of regular medication? \_\_\_ Yes \_\_\_ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does the student have any allergies? \_\_\_ Yes \_\_\_ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Insurance:** Parents are responsible for providing their child's health/accident insurance and a photocopy of their child's health insurance card.

**Immunizations:** Parents must submit up to date immunization records for the applicant.

## Emergency Contact Information

In case of emergency, the school should notify:

(Parents will be contacted first; *please provide two **additional** emergency contacts*)

	Name	Relationship	Phone Number
<b>Contact 1</b>			
<b>Contact 2</b>			

\*Contacts should be updated by the parent whenever appropriate during the school year.

## Financial Information

Please indicate monthly/yearly salary:

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Please list any financial assets of the parents/guardians: \_\_\_\_\_

\_\_\_\_\_

Please comment on any financial hardships that the family and/or student applying for this scholarship is facing: \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE:** Finalists named for the scholarship must provide documentation for the Scholarship Committee to determine the level of financial need. This information will be considered CONFIDENTIAL.

## Scholarship Application Checklist

<input type="checkbox"/>	Proof of Caymanian Status (a copy of face page of passport and birth certificate and or letter from immigration indicating Caymanian Status)
<input type="checkbox"/>	Copies of report cards from the past two years
<input type="checkbox"/>	Transcript, if available
<input type="checkbox"/>	1 small photo
<input type="checkbox"/>	Confidential Recommendation Form from the Principal or Guidance Counselor of current school*
<input type="checkbox"/>	Confidential Recommendation Form from a core teacher (English, Math or Science) of current school*
<input type="checkbox"/>	Academic/Leadership essay
<input type="checkbox"/>	Evidence supporting leadership and academic accomplishments
<input type="checkbox"/>	Evidence supporting financial need
<input type="checkbox"/>	Completed application form
<input type="checkbox"/>	A copy of up to date immunization record
<input type="checkbox"/>	A copy of health insurance card

**\*Confidential Recommendation Forms** are to be completed separately by the Principal/Guidance Counselor and Teacher.

Please provide the relevant forms to the Principal or Guidance Counselor and core subject (Math, English or Science) Teacher at the applicant's school. These confidential references are required elements of the scholarship application. Each reference must be sent to CIS directly by the individual completing the form. **References should not be presented to CIS by the applicant.** Completed forms should be sent by e-mail to [admissions@cis.ky](mailto:admissions@cis.ky).

## Cayman International School Contact Information

Our Admissions team is happy to help throughout the application process. Feel free to reach out to us with any questions or concerns.

**Email:** [admissions@cis.ky](mailto:admissions@cis.ky)

**Phone:** 345-945-4664

**Physical Address:** 95 Minerva Drive, Camana Bay, Grand Cayman

**Mailing Address:** P.O. Box 31364, George Town Grand Cayman KY1-1206

