

Nursing Scholarship Available!

Are you Caymanian, 17 years of age or older and interested in pursuing a Nursing degree or currently enrolled in the Nursing programme at UCCI?



CI\$35,000
Covering 4 Years
of Study

Your completed application forms and all required documents must be received by June 30th 2014, addressed to:

Terica Larmond - Director of Nursing
University College of the Cayman Islands
PO Box 702
Grand Cayman KY1-1107
CAYMAN ISLANDS

Or by email:
tlarmond@ucci.edu.ky

Apply now for the
Peter A. Tomkins
Cayman National
Nursing Scholarship

Offered by



**CAYMAN
NATIONAL**



The application form is available at the UCCI Admin Office or online at www.ucci.edu.ky or www.caymannational.com/nursing-scholarship/.

PERSONAL DETAILS										
Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	First Name			Middle Initial	Surname	
Date of Birth dd / mm / yyyy		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Marital Status		Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Other <input type="checkbox"/>	Number of Dependents	
Nationality			Occupation (if applicable)				Employer (if applicable)			
Home Phone			Work Phone				Cell Phone			
Email										
Physical Street Address										
Mailing Address										

EDUCATIONAL BACKGROUND	
High School Attended	Graduation Date dd / mm / yyyy
College/University Attended	Graduation Date dd / mm / yyyy (if applicable)
Present Place of Study	

PARENT/GUARDIAN INFORMATION		(only applicable if applicant is a dependent)
MOTHER'S INFORMATION		
Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	
First Name		Middle Initial
Surname		
Home Phone		Work Phone
Cell Phone		
Occupation (if applicable)		Employer (if applicable)
Number of dependents in household		
FATHER'S INFORMATION		
Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	
First Name		Middle Initial
Surname		
Home Phone		Work Phone
Cell Phone		
Occupation (if applicable)		Employer (if applicable)
Number of dependents in household		

REFERENCES		
NAME	CONTACT INFORMATION (MAILING ADDRESS/PHONE/EMAIL)	RELATIONSHIP

FINANCIAL INFORMATION (This section is to be completed by the person(s) responsible for the applicant's finances)

 (please check) USD KYD

MONTHLY INCOME	(RECEIPTS)	MONTHLY EXPENDITURE	(PAYMENTS)
Applicant's Income	\$	Rent/Mortgage Payments	\$
Parent/Guardian Combined Income (if applicable)	\$	Other Loan Payments	\$
Overtime Payments	\$	Credit Union Payments	\$
Bonus, Commissions, etc.	\$	Credit Card Payments	\$
Pensions, Annuities	\$	Insurance, Medical, Pension	\$
Rental Income	\$	Education, Childcare, etc.	\$
Investments (Dividends)	\$	Food	\$
Other (Details)	\$	Utilities	\$
	\$	Vehicle Expense	\$
	\$	Entertainment, Clothing	\$
	\$	Other (Helper, Tithes, etc.)	\$
	\$	Strata, Monthly Insurance	\$
Total Monthly Income	\$	Total Monthly Expenses	\$
Disposable Income	Income – Expenses =	\$	

AGREEMENT

The undersigned hereby requests a Scholarship from Cayman National Corporation Ltd. and confirms that all statements in this application form are true and correct to the best of the undersigned's knowledge. If the applicant is a dependant, parent/guardian signature is required.

Applicant's Signature	Date	dd / mm / yyyy
Parent/Guardian Signature	Date	dd / mm / yyyy
Parent/Guardian Signature	Date	dd / mm / yyyy

FOR INTERNAL USE ONLY

Received by	Date	D / M / Y
Notes		

TERMS & CONDITIONS GOVERNING THE SCHOLARSHIP

1. The Peter A. Tomkins Cayman National Nursing Scholarship is awarded each year by Cayman National Corporation Ltd (Cayman National). Should we decide to extend the scholarship for an additional four years, existing and incoming students will be eligible for the scholarship.
 2. The selection of the scholarship recipient will be made by a Scholarship Committee. The recipient must be academically sound, well rounded, involved in the community, of good character and integrity, ambitious and demonstrates financial need.
 3. The scholarship will be awarded for maximum of 4 years or a total of C\$35,000 payable towards tuition and other program costs. The funds will be released on a per semester basis. To qualify the candidates must:
 - a. Be Caymanian (proof of Caymanian status is required)
 - b. Be seventeen (17) years or over at time of entry into the programme
 - c. Be accepted by the University College of the Cayman Islands (UCCI) into the Bachelor of Science Degree in Nursing
 - d. Maintain a grade point average of 3.0 or higher
 - e. Provide a 'Personal & Needs Statement' along with the application form consisting of background information, community involvement, past work experience if any, reasons for interest in the programme, income statement and bank reference (if the recipient is a dependant the bank reference and income statement should be provided by the parent(s) or guardian(s).
 4. Recipient agrees that UCCI can release grades and overall progress in the programme.
 5. Cayman National reserves the right to withhold or require repayment of funding in whole or in part in the event of failure to meet the terms and conditions of this agreement, until such time as all the terms and conditions are met.
 6. The scholarship recipient must not hold or accept any other scholarship. If this condition is not adhered to, Cayman National reserves the right to cancel the scholarship.
 7. If recipient is charged or found guilty of criminal activity or behavior that is immoral or not in keeping with the brand image of Cayman National we reserve the right to withdraw the scholarship.
 8. The recipient is required to give a written undertaking, upon completion of their studies to work in the Cayman Islands for the time equal to the period of the scholarship.
 9. Should the recipient decide to change their course of study, Cayman National must be informed of the change. In this case, the Corporation reserves the right to withdraw funding.
 10. The recipient will be responsible for submitting tuition invoices per semester and upon receipt payments will be made directly to the UCCI.
 11. The Scholarship Committee reserves the right to request any additional information outside of what is stipulated in the application form and terms and conditions.
 12. The Scholarship Committee is not obligated to provide reasons for declining the applicant.
 13. The recipient will be required to work in the Cayman Islands for a minimum of 2 years.
- The application form must be accompanied by:
- a) A recent full face photograph
 - b) Copy of birth certificate/or certificate of Caymanian status
 - c) High School and/or college transcripts
 - d) CV/Resume
 - e) Conditional notice of acceptance to UCCI
 - f) Personal and Needs Statement as outlined above
 - g) Bank Reference & income statement
- All applications should be sent to:
 Terica Larmond
 Director of Nursing
 University College of the Cayman Islands
 P.O. Box 702
 Grand Cayman KY1-1107
 Cayman Islands
- Or by email: tlarmond@ucci.edu.ky
- Applications will not be processed unless accompanied by full documentation.
- *Cayman National Corporation Ltd. reserves the right to amend the terms and conditions of the Peter A. Tomkins Cayman National Nursing Scholarship. Additionally the Corporation reserves the right to withhold the scholarship for any reason.

AGREEMENT

The undersigned hereby requests a Scholarship from Cayman National Corporation Ltd. and confirms that they have read, understand and agrees to the terms and conditions above. If the applicant is a dependant, parent/guardian signature is required.

Applicant's Signature	Date	dd / mm / yyyy
Parent/Guardian Signature	Date	dd / mm / yyyy
Parent/Guardian Signature	Date	dd / mm / yyyy