



***Scholarship Criteria,
Guidelines &
Application Form***

**ANNUAL DELOITTE
SCHOLARSHIP CRITERIA & GUIDELINES**

Background

This Scholarship represents an effort on the part of Deloitte to get more Caymanian involvement in the professional services industry, particularly at the managerial level. It is designed in particular for students who demonstrate a financial need, and who wish to pursue a Bachelor's Degree in an approved program which coincides with Deloitte's professional service lines.

Criteria for the Scholarship

In awarding this scholarship, the following criteria will be taken into account. Candidates must:

- 1) *Be Caymanian or hold Caymanian Status.*
- 2) *Have proof of having resided in the Cayman Islands for 5 years prior to application for a scholarship. They should present a letter from their most recent school or from parent's employer.*
- 3) *Produce proof of acceptance at a nationally accredited institution.*
- 4) *Be at least 17 years of age.*
- 5) *Be studying a program which coincides with Deloitte's professional service lines.*
- 6) *Be in good health and of good character. Two letters of character reference are required: one academic and one from a non-relative should be attached to the application.*

Guidelines for the Management of the Scholarship

Please initial each guideline to indicate that you have read, understood and accept the terms of the Scholarship Program.

1. The Scholarship is offered annually for eligible candidates (See Scholarship Criteria) to pursue an approved program which coincides with Deloitte's professional service lines at a nationally accredited institution. _____
2. All institutions attended by scholarship awardees will be sent a letter signed by Deloitte and the student authorizing the release of grade reports and any other pertinent information, to Deloitte. However, scholarship awardees must also send a grade report at the end of each school term prior to the release of the next term's funds. _____
3. Students must maintain **at least a 3.0 cumulative grade point average**, with no failures, in a minimum of 12 credit hours in one term in the ***first year of study***, and must maintain **at least a 3.0 cumulative grade point average**, with no failures through out their time at the University. _____
4. Students in institutions that do not have a detailed reporting system must have a satisfactory tutorial assessment. **Failure to achieve this may result in the immediate termination of the scholarship.** _____
5. The **award of funding for each term** will be authorized only if the previous term's grade report/progress report meets the minimum standards as set out in items (3: Minimum GPA Requirements), and (4: Institution's Reporting System) above. _____

ANNUAL DELOITTE
SCHOLARSHIP CRITERIA & GUIDELINES
Continued

6. Scholarship students may receive funds for one summer during the course of the scholarship to continue the approved course of study, **provided study is a requirement of the institution** and not as a result of failures, or loss of credit due to change of major or institution, or reducing course load to part-time. Applications for summer funds will be reviewed by the Scholarship Committee and decisions communicated by Deloitte.

7. Scholars are **required** to gain practical experience in their proposed discipline by completing at least one eight (8) week-internship here at Deloitte Cayman during their studies. The internship may be taken at any point during the completion of their program, and a summary report of the experience should be sent to the Scholarship Committee.

8. Students **must complete the course of study in the time stated in the scholarship award**. Extensions caused by course failures, unapproved change of major, unapproved change of institution, or loss of course credit for any other reason unacceptable to Deloitte will be at the student's expense.

9. Deloitte **must approve transfers from one institution to another or from one major to another**. All transfers must fall within the scholarship criteria term (1) listed above. Letters requesting the change must be submitted to the Scholarship Committee **prior to making the change**. Failure to achieve this will result in the funds being withheld until a decision is made by the Scholarship Committee to approve the request.

10. Students are required, prior to receiving ANY scholarship funds, to sign a bond with **one surety** requiring them, upon completion of their studies, to return to work with Deloitte in the Cayman Islands for the period of time equivalent to the duration of their scholarship.

11. If a student fails to complete the course of study due to non-compliance with any of the conditions of the bond, or if the scholarship is withdrawn on the grounds of non-compliance, **Deloitte will call upon the student or his sureties to repay the sums, plus interest, expended by Deloitte on behalf of the student.** Interest will be calculated based on the prevailing Cayman Islands prime rate on date repayment is demanded.

Deloitte reserves the right to demand immediate payment of the full balance plus interest accrued thereon, or may elect to allow the said amount to be paid in monthly instalments over an agreed period of time.

12. If upon successful completion of the course of study, a student refuses an offer of employment with Deloitte in the Cayman Islands, or to return to the island to work for the period of time stated in the bond, Deloitte will call upon the student or his sureties to repay the sums, expended by Deloitte on behalf of the student, under the same conditions outlined in (11) above.

THE APPLICATION DEADLINE FOR AWARDS IS MAY 1st EACH YEAR

All Applications must be clearly marked **Scholarship Application** and sent to:

Director – Human Resources
Deloitte
One Capital Place
PO Box 1787, Grand Cayman, KY1 – 1109

Applicants short-listed for an award will be interviewed, and all applicants contacted thereafter.

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

APPLICANT'S CHECKLIST OF ENCLOSURES

Please ✓ check each box when each enclosure has been completed

- | | |
|--------------------------|---|
| <input type="checkbox"/> | ➤ Completed Official Scholarship Form (Printed in Black or Blue Ink or Typed) |
| <input type="checkbox"/> | ➤ One full face passport sized photograph |
| <input type="checkbox"/> | ➤ Personal Statement |
| <input type="checkbox"/> | ➤ Scholastic Records e.g. copies of Exam Certificates, Diploma and SAT |
| <input type="checkbox"/> | ➤ Applicant's Résumé |
| <input type="checkbox"/> | ➤ Birth certificates/ Status or Adoption Documents for Parents and Applicant |
| <input type="checkbox"/> | ➤ Institution's letter of acceptance or provisional letter of acceptance |
| <input type="checkbox"/> | ➤ Institution's costs covering: tuition, board, meal, and other fees |
| <input type="checkbox"/> | ➤ Sealed References on Correct Form (2) |
| <input type="checkbox"/> | ➤ Medical Report and Examiners Report (signed & sealed by Doctor) |
| <input type="checkbox"/> | ➤ Completed University Data Form and Supporting Documents |
| <input type="checkbox"/> | ➤ Completed Surety Forms (1) with Job Letter and Bank Statements |

Please sign and date this form once **all enclosures** have been completed & attached:

Signature of Applicant: _____ **Date:** _____

PLEASE NOTE: The application form will not be processed if all of the above documents are not provided by the deadline May 1ST.

For official use only – Do not write in this space			
Date Application Received:		Application Complete?	
Interview (Date):		Evaluated by:	
Evaluated by Panel:		Approved by:	
Recommended or Defer?		Reason Applicant Has Not Been Recommended:	
Date Written Response Sent to Applicant:			

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

APPLICANT INFORMATION

1. Applicant's Full Name: _____

2. Proposed Field of Study: _____

Please list the department or programme to which you are applying, including the details of your degree major and minor: _____



3. University/College Requested: _____

4. Applicant's Cayman Address: _____

Phone Numbers (Home, Work & Cell): _____

Email: _____

5. Applicant's Alternate Address: _____

Phone Numbers (Home, Work & Cell): _____

Email: _____

6. Marital Status: _____

7. Date of Birth: _____

8. Secondary/ Tertiary Schools attended with dates: _____

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

APPLICANT INFORMATION Continued

9. Dates, grades and subjects of any senior examination passed (*i.e.* CXC, General Certificate of Education/General Certificate of Secondary Education, high school diploma etc. Please attach copies of relevant certificates).

Examination	Subject	Grade	Dates

10. SAT scores: Verbal _____ Mathematics _____
Year taken _____ (Please attach a copy)

11. Probable duration of course _____
(Please attach details of programme and cost.)

12. Number of years already completed? (if any) _____

13. On completion of your intended course, what kind of work would you like to do upon return to the Cayman Islands? Please note that you are required to return to the Cayman Islands and work with Deloitte, Cayman as per term (10) in the Scholarship Guidelines.

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

APPLICANT INFORMATION Continued

14. Parents'/Guardian's full name, including maiden name, nationality, address, telephone and email contact. _____

15. Period of Parents'/Guardian's residence in the Cayman Islands. Provide documentation
From 19 _____ to _____

16. Name and address of:
(a) Principal of High School at present or last attended by the applicant:

(b) Two persons **other than relatives** who know the applicant well and to whom application may be made for character references: (These can include clergy members, pastor, teachers and persons of similar calibre).

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

APPLICANT INFORMATION Continued

- (c) Please provide the name of the person who has been contacted and has agreed to be a surety for the student bond.

Name: _____

Address: _____

Phone #: _____

Email: _____

18. I/We have read the requirements and guidelines of this document for scholarship from Deloitte and fully understand the commitment expected of me/us. I/We agree to the terms of the Bond as described in the Scholarship Guidelines in return for the award of scholarship.

I/We declare that the above particulars are correct to the best of our knowledge and belief, and I/we understand that false statements may lead to the refusal or withdrawal of the candidate's scholarship award.

Signature of Applicant: _____

Date: _____

Signature of Parent/Guardian_____

Date: _____

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM
PERSONAL STATEMENT**

In a brief statement describe your background, your past work experience and your plans for studying a professional career. Where applicable, highlight any work experience or studies in a program which coincides with Deloitte's professional services. If you are not currently enrolled in an academic programme, please describe any activities that you have participated in that would help the committee understand your desire to pursue a career at Deloitte.

Please type your statement on letter size paper, attach it to this form and, return it with your application by **May 1ST this year** to:

Director – Human Resources
Deloitte
One Capital Place
PO Box 1787, Grand Cayman, KY1 – 1109

Applicant's Full Name: _____

Proposed Field of Study: _____

University Chosen: _____

Applicant's Cayman Address: _____

Phone Numbers (Home, Work & Cell): _____

Email: _____

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM
UNIVERSITY DATA FORM**

1) University to which you have applied (Please attach letter of acceptance): _____

2) Name, Address, Phone, and Email for University Contact (admissions or bursar):

3) What method(s) did you use in deciding to apply to this university?

<input type="checkbox"/>	Told By Friend/Family	<input type="checkbox"/>	Teacher/Counsellor
<input type="checkbox"/>	College Handbook/Guide	<input type="checkbox"/>	Direct Approach
<input type="checkbox"/>	Other (Please Specify)		

4) What resource did you use to research and decide on this university or program?

_____	Barron's	Pg. No. (S)	_____
_____	Petersons	Pg. No. (S)	_____
_____	Other (Please list other sources)	_____	

5) How is the University/College rated?

_____ Highly Competitive _____ Competitive

6) What are the entry requirements for this institution? Please attach supporting documentation.

7) Have you received counselling on this career choice? _____ Yes _____ No

8) If yes, from whom?

<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Career Advisor/Counsellor
<input type="checkbox"/>	Parent	<input type="checkbox"/>	Cayman Islands Student's Association
<input type="checkbox"/>	Other: (Please list other sources)	_____	

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

UNIVERSITY DATA FORM Continued

9) What are some strong points of this institution, with specific reference to your major?

10) Is your chosen degree listed as a major programme or school in this university?

_____ Yes _____ No

Please tell us why you chose this specific program at this specific university:

11) What is the university's international student population? _____

12) Please detail all of your graduation requirements (**What does this mean?**):

I/We declare that the above particulars are correct to the best of our knowledge and belief, and I/we understand that false statements may lead to the refusal or withdrawal of the candidate's scholarship award.

Signature of Applicant _____

Signature of Parent/Guardian _____

Please Return This Form With Your Scholarship Application **by May 1st this year**

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

APPENDIX I: SCHOLARSHIP REGULATIONS

Regulations Governing the Disbursement and Accounting of Scholarship Funds

The scholarship will be awarded for a maximum period of four (4) to (5) years, up to a monetary amount of US\$35,000 per Academic Year. Students may be awarded partial scholarships at the Scholarship Committee's discretion. All funds will be disbursed by Deloitte and must be accounted for by **ALL** recipients as follows.

Please initial each item to indicate that you have read, understand and accept the stated terms.

1. Mandatory Fees

Mandatory University expenses and fees will be covered under the scholarship. These include ***Tuition, Medical, Student Insurance and any Other Prescribed University Fees***. These will be paid on a term basis and students will be required to provide original invoices from the University to the Scholarship Committee listing these amounts. Once the invoices have been received, Deloitte will forward payment to the University. **These invoices should be provided at least (4) weeks in advance of the due date to ensure the timely processing of fees.** _____

2. Projected Expenses and Claim Forms

Students **are required to** complete and sign the official **Projected Expense Form (Form I)** prior to any funds being disbursed. Original receipts and invoices must be supplied and attached to the completed official **Expense Claim Form (Form II)**. **All receipts must affixed to a sheet of paper** (tape or staple) according to the related expense category (meals/ food, rent/ utilities, books, airfare). For each expense category, **students must show an itemized list** of amounts spent and the total of each category must be clearly indicated. _____

3. Students Living On Campus

Students are expected to live on campus provided accommodations for their first (2) years and take up the meal plan offered by the University. In this instance, the University charges for these costs will be included in their invoices and these will be paid on a term basis, when the mandatory fees are being paid. _____

4. Students Living Off Campus

Where a student elects to live off campus in rented accommodation, they will be provided a fixed monthly living allowance of ***US\$1,000 per month to cover off campus living costs*** including Rent, Food and Utilities. This allowance would be paid on a term basis. _____

SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM

APPENDIX I: SCHOLARSHIP REGULATIONS Continued

5. Book/Equipment Allowance

An advance for books or equipment will be given based on the projected costs provided by the University. Equipment would cover extra items that are not a part of tuition fees. Original receipts with details of books/equipment purchased would be required to account for this allowance, before any additional advances are given. _____

6. Airfare

Students will be allowed **two return airline ticket** to Cayman from the nearest gateway to their University per annum. You would be required to fly economy and by the most direct route. _____

7. Miscellaneous Expenses

All students, whether staying on or off campus, will be given a ***monthly incidental allowance of US\$100***, paid per term, to cover miscellaneous expenses including inter-alia, *Transportation Charges, Travel To and From the Airport, Stationery Purchases and Phone Calls*. _____

Notwithstanding the above, **total disbursements per annum** to any student **shall not exceed their stated award** or the standard annual scholarship figure of **US\$35,000** per academic year. _____

SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM

APPENDIX II: INSTRUCTIONS FOR DISBURSEMENT OF FUNDS

Attached are the following forms:

1. Projected Expenses
 - a. Off Campus
 - b. On Campus
2. Expense Claim
 - a. Off Campus
 - b. On Campus

Projected Expenses: Scholarship Applicants are required to complete the **Projected Expenses Form (Form I)** that is relevant to their intended or actual living status at university – on campus or off campus.

- This form provides the Scholarship Committee with a snapshot of your anticipated expenses for **each term**.
- Applicants are asked to only provide the list and estimate of expenses for one term, while fully indicating which expenses are single payments (e.g. matriculation fees).
- If your institution uses trimesters instead of sixteen week semesters, please indicate this on the form also.
- This will form the basis of an advance payment to the Scholarship recipient.
- Tuition and other mandatory fees must be supported by an invoice from the university
- For Off Campus Students, you must provide a copy of your apartment's lease agreement.

Please initial here to indicate that you have read, understand and accept the above terms: _____

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

FORM I: PROJECTED EXPENSES FORM – OFF CAMPUS LIVING

Name of Recipient: _____

Year of Scholarship: _____ Projected Expense From: _____ to: _____

Name & Location of University: _____

This university's academic year is broken down into: 2 Semesters / 3 Trimesters which begin: ^{(Please indicate}
the month each term begins): _____

Off Campus Living		
Expense Item	Projected Amounts Needed (US\$)	Supporting Document Must be Provided
Mandatory University Fees <i>(Tuition, Orientation, Medical etc.)</i>		
Rent/Utilities <i>(Water/Electricity/Telephone)⁽¹⁾⁽²⁾</i> <small>(US \$1000.00 per month paid at the start of each term, only bills for land lines will be paid, cellular bills are not to be included)</small>		
Meals/Food ⁽¹⁾		
Books		
Airfare (Roundtrip Fare)		
Miscellaneous <small>(US\$ 100.00 per month paid at the start of each term)</small>		
Total Projected Expenses		

Date: _____

Signature of student: _____

Date: _____

DTT authorised: _____

⁽¹⁾For Off Campus Rentals
⁽²⁾List Separately

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

FORM I: PROJECTED EXPENSES FORM – ON CAMPUS LIVING

Name of Recipient: _____

Year of Scholarship: _____ Projected Expense From: _____ to: _____

Name & Location of University: _____

This university's academic year is broken down into: 2 Semesters / 3 Trimesters which begin: ^{(Please indicate}
the month each term begins): _____

On Campus Living		
Expense Item	Projected Amounts Needed (US\$)	Supporting Document Must be Provided
Mandatory University Fees <i>(Tuition, Orientation, Medical etc.)</i>		
University Charges <i>(Campus Accommodation./Meal Plan*)</i>		
Books		
Airfare (1 Roundtrip Fare per annum)		
Miscellaneous <i>(US\$ 120.00 per month paid at the start of each term.)</i>		
Total Projected Expenses		

Date: _____ Signature of student: _____

Date: _____ DTT authorised: _____

* May be listed with University Charges -Tuition/Medical etc.

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

APPENDIX III

MEDICAL EXAM REPORT

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

MEDICAL EXAMINER'S REPORT

IMPORTANT - The object of the examination is to determine that the candidate is physically and mentally fit to undertake a course of study overseas where he/she will be subject to the additional stress of living and working in a different culture and environment.

Your opinion is confidential to Deloitte and should not be discussed with the candidate. This document must be signed, sealed, and submitted to the address indicated.

A. General appearance and complexion: (e.g. consistent with stated age).

Height _____ Weight (unclothed) _____

Urinalysis - 5G _____

Sugar: _____ Albumen: _____ Deposit: _____

Eyes: _____ Visual Acuity R _____ L _____

Nose & Throat _____ Teeth _____

B. Locomotor system- Upper Limbs _____ Lower Limbs _____

C. Cardiovascular system _____ Pulse Rate _____ Arteries _____

Heart size _____ Heart sounds _____

DP systolic _____ Diastolic _____ Retinal vessels _____
(If Hypertension present)

D. Respiratory system _____

E. Abdomen _____

Liver _____ Spleen _____ Hernial sites _____

F. Reproductive system _____

Menstrual history _____

WR, Klein or VDRL/HIV _____

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

MEDICAL EXAMINER'S REPORT Continued

G. Central nervous systems_____ Reflexes_____

Psychiatric assessment:

Mood_____ Stability_____ Sleep_____

H. Please comment on declared medical (if significant):

I. (a) Is the candidate at present being treated for any condition? _____

Please specify_____

(b) Is the candidate likely to need further treatment overseas? _____

Signature of examining doctor_____ Date_____

Address _____

Doctor/ Hospital/ Clinic Stamp:

NOTE

1. A chest x-ray and radiologist report is required in all cases.
2. Diseases unlikely to lead to rejection of candidate should be treated without delay and treatment completed before departure.
3. Long-standing conditions (e.g. Diabetes) will not necessarily lead to rejection of candidates, provided the condition has been stable under treatment for a sufficient length of time.

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

MEDICAL REPORT

PART 1: To be completed by the scholarship applicant who is responsible for answering each question accurately. FAILURE TO DISCLOSE medical history in full may lead to rejection or cancellation of award.

A. Full name and permanent address (BLOCK CAPITALS - BLACK INK).

Sex _____ Date of Birth _____

B. Have you had any of the following? Yes _____ or No _____

- 1. Tuberculosis _____
- 2. Pneumonia _____
- 3. Pleurisy _____
- 4. Asthma _____
- 5. Allergic disorder _____
- 6. Rheumatic fever _____
- 7. Heart disease _____
- 8. Gastric or Duodenal Ulcer _____
- 9. Recurrent Indigestion _____
- 10. Jaundice _____
- 11. Dysentery _____
- 12. Kidney or urinal complaint _____
- 13. Rupture _____
- 14. Diabetes _____
- 15. Varicose Veins _____
- 16. Epilepsy _____
- 17. Poliomyelitis or other neurological disorder _____
- 18. Nervous disorder _____
- 19. Psychiatric disorder _____
- 20. Eye disorder _____

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

MEDICAL REPORT Continued

- 21. Ear, Nose or Throat disorder _____
- 22. Skin disease _____
- 23. Anaemia _____
- 24. Gynaecological disorder _____
- 25. Malaria or other tropical disease _____
- 26. Operations _____
- 27. Serious accidents _____
- 28. Any other serious disorder? _____

C. If any questions above answered yes, please give the following:-

(a) Year	(b) Treatment received	(c) Any recurrence or lasting effects
_____	_____	_____
_____	_____	_____
_____	_____	_____

N.B. Doctors please note that the Scholarship Candidate must sign this form in your presence.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Please return this form (sealed by the doctor) **by May 1st this year directly to:**

Director – Human Resources
Deloitte
One Capital Place
PO Box 1787, Grand Cayman, KY1 – 1109

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

APPENDIX IV

FINANCIAL STATEMENT

&

BOND DECLARATION FOR SURETIES

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

FINANCIAL STATEMENT FOR SURETY

Name of student: _____

Name of surety: _____

Address of surety: _____

Telephone No.'s (Home) _____ (Work) _____

INCOME INFORMATION

Employer's Name and Address: _____

Position: _____

Salary (include allowance) p.a.: _____

Other income p. a.: _____

Total income p.a.: **CI\$** _____

Please attach a job letter and bank statements to this form.

EXPENSES INFORMATION

Mortgage p. a.: _____

Life Insurance p.a.: _____

Health Insurance p.a.: _____

School Fees p.a.: _____

Other Commitments (e.g. car loan etc.) p.a.: _____

Total Annual Expenses: **CI\$** _____

DATED: _____

SIGNED: _____

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

BOND DECLARATION FOR SURETY I & SCHOLARSHIP APPLICANT

I hereby certify that the financial statement provided and the foregoing is true and correct to the best of my knowledge. I also certify that I have read the information for sureties contained in paragraph 11 & 12 of Appendix I which states:

- 11) Students are required, prior to entering the institution, to sign a bond with two (2) sureties requiring them, upon completion of their studies, to return to work in the Deloitte in the Cayman Islands for the period of time equivalent to the duration of their scholarship. **Initials:** _____
- 12) If a student fails to complete the course of study due to his non-compliance with any of the conditions of the bond, or if his scholarship is withdrawn on the grounds of non-compliance, Deloitte will call upon the student or his sureties to repay the sums, plus interest, expended by Deloitte on behalf of the student. Interest will be calculated based on the prevailing Cayman Islands prime rate on date repayment is demanded. Deloitte reserves the right to demand immediate payment of the full balance plus interest accrued thereon, or may elect to allow the said amount to be paid in monthly instalments over an agreed period of time. **Initials:** _____

I _____, as surety for _____, certify that I have read, acknowledged, understood and fully accepted my responsibilities in case of default of the student.

I _____, certify that I have read, acknowledged, understood and fully accepted my responsibilities in the event that I am awarded a scholarship and fail to comply with any of the scholarship guidelines set by Deloitte.

Signed: _____

Signed and Sealed in the presence of: _____
Justice of the Peace/Notary Public

This _____ day of _____, 20 _____

Signature of Surety

Signature of Justice of the Peace/Notary Public

Please return this form no later than May 1st this year directly to:

Director – Human Resources
Deloitte
One Capital Place
PO Box 1787, Grand Cayman, KY1 – 1109

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

APPENDIX V

REFERENCES

FOR

SCHOLARSHIP CANDIDATE

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

REFERENCE I FOR SCHOLARSHIP APPLICATION

Name of Applicant: _____

Proposed Course of Study: _____

Full Name of person giving the reference: _____

Address/ phone number/ email: _____

How long have you known this applicant? _____

What is your relationship to this applicant? _____

Please rate this applicant on a scale of 1 - 5 in the following areas.

5 is the highest rating. * = unable to comment

	*	1	2	3	4	5
1. Ability to use the English language orally						
2. Ability to use the English language in writing						
3. Academic performance						
4. Academic potential						
5. Appearance						
6. Attitude towards peers/co-workers						
7. Attitude towards study/work						
8. Attitude towards authority						
9. Reliability/ Dependability						
10. Adaptability/ Flexibility						
11. Maturity Level						
12. Ethics/ Value System						
13. Initiative/ Motivation/ Drive						
14. Responsibility/ Leadership Ability						

Please continue reference on 2nd page attached.

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

REFERENCE I FOR SCHOLARSHIP APPLICATION Continued

Please give your assessment of this applicant's likelihood for success in the programme for which they have applied:

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

I declare that the above particulars are correct to the best of my knowledge and belief, and I understand that false statements may lead to the refusal or withdrawal of the candidate's scholarship award.

Signature: _____

Date: _____

Please return this form **no later than May 1st this year** directly to:

Director – Human Resources
Deloitte
One Capital Place
PO Box 1787, Grand Cayman, KY1 – 1109

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

REFERENCE II FOR SCHOLARSHIP APPLICATION

Name of Applicant: _____

Proposed Course of Study: _____

Full Name of person giving the reference: _____

Address and phone number: _____

How long have you known this applicant? _____

What is your relationship to this applicant? _____

Please rate this applicant on a scale of 1 - 5 in the following areas.

5 is the highest rating. * = unable to comment

	*	1	2	3	4	5
1. Ability to use the English language orally						
2. Ability to use the English language in writing						
3. Academic performance						
4. Academic potential						
5. Appearance						
6. Attitude towards peers/co-workers						
7. Attitude towards study/work						
8. Attitude towards authority						
9. Reliability/ Dependability						
10. Adaptability/ Flexibility						
11. Maturity Level						
12. Ethics/ Value System						
13. Initiative/ Motivation/ Drive						
14. Responsibility/ Leadership Ability						

Please continue reference on 2nd page attached

**SCHOLARSHIP AWARD
SCHOLARSHIP APPLICATION FORM**

REFERENCE II FOR SCHOLARSHIP APPLICATION Continued

Please give your assessment of this applicant's likelihood for success in the programme for which they have applied:

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

I/We declare that the above particulars are correct to the best of our knowledge and belief, and I/we understand that false statements may lead to the refusal or withdrawal of the scholarship award.

Signature: _____

Date: _____

Please return this form **no later than May 1st this year** directly to:

Director – Human Resources
Deloitte
One Capital Place
PO Box 1787, Grand Cayman, KY1 – 1109