



SCHOLARSHIP APPLICATION

Dear Applicant,

CTMH Doctors Hospital is pleased to receive your application for a scholarship to support your studies in healthcare and hospital administration.

In our endeavor to provide you with the necessary assistance, please complete the attached form which should be submitted with the following items no later than **May 30, 2019**:

- Personal statement to include career intentions, details of involvement in and recognition of honours obtained in sports, civic and extracurricular activities and why you feel qualified to be awarded a CTMH scholarship.
- Letter from your Parent /Guardian regarding the availability of funds.
- Birth Certificate.
- Proof of Caymanian Status.
- Two references: one from School Principal or Employer; and one character reference from anyone except a family member.
- Copies of academic Certificates, with grades attained in various subjects.
- A letter of acceptance from the college, university or institution where you will be pursuing your studies.
- A written undertaking that if awarded the Scholarship, you will return to CTMH for volunteer work during the summer and employment for a minimum of two years.

CTMH congratulates you on your commitment and dedication in your goal to become a member of the hospital /healthcare team. We see it as an excellent and meaningful way to serve individuals in the community, both in Cayman and abroad.

Please do not hesitate to contact us should you require assistance or any further information regarding our Scholarship. While the available funds is not large, we would like to support your educational future as far as is possible.

We therefore look forward to receiving your Application, soon.

Sincerely,

Dr. Patrick A. Auman
Hospital Administrator

PO Box 2000
Grand Cayman KY1-1104
Cayman Islands

345.949.6066
345.945.1695 (fax)

doctorshospitalcayman.com

CTMH DOCTORS HOSPITAL SCHOLARSHIP APPLICATION FORM

This form must be completed and returned to the Human Resources Manager at CTMH Doctors Hospital via email to Alba.Carter@doctorshospitalcayman.com or in-person at CTMH Doctors Hospital.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Residential Address: _____

District: _____ Postal Code: _____

Mailing Address: _____

District: _____ Postal Code: _____

Mobile Phone: _____ Email: _____

Date of Birth: _____ Nationality: _____

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Residential Address: _____

District: _____ Postal Code: _____

Mobile Phone: _____ Email: _____

ADDITIONAL INFORMATION

Present place of study: _____

Name of institution you have been admitted for September: _____

Briefly describe your proposed course of study and career objective: _____

Do you hold any other scholarship or award for the coming year? If so, please state the name of the award, when awarded, the amount and for how long awarded: _____

Have you applied for any other scholarship or award for the year? If so, please state the name(s) and amount: _____

What is the total annual cost for your course of study?: (Demonstrates financial need.) _____

Desired scholarship amount: \$ _____

How were you informed about the CMTH Doctors Hospital scholarship?

CTMH Website

CTMH Social Media

Cayman Compass

Other: _____

EDUCATION

High School: _____ Address: _____

From: _____ To: _____ Did you graduate?: Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate?: Yes No Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate?: Yes No Certification/Degree: _____

REFERENCES

Please list three academic/professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship, I understand that false or misleading information in my application or interview may result in forfeiture of scholarship funds and/or future employment opportunities with CTMH Doctors Hospital or related organisations.

Signature: _____ Date: _____