

**Cayman International School
Scholarship for
Academic and Leadership Excellence
2018/19 Application**



Email: admissions@cis.ky

2018-2019

General Information
2018-19 Cayman International School Scholarship
for Academic and Leadership Excellence

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 2018-2019 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 Diploma Programme is offered to students in Grades 11 and 12. Information about the school is available on the school website (www.caymaninternationalschool.org) or by contacting the Admissions Department (admissions@cis.ky) at 945-4664, Ext. 204.

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 or other academic evaluations (if available)**
4. **1 small photo or a digital photo (email to admissions@cis.ky)**
5. **Copy of Health Insurance card**
6. **Copy of immunization record**
7. **Two 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, extra curricular activities, etc.).
10. **Financial Need:** Please submit evidence of financial need as noted in the application form.
11. **Application:** Please send pages 3-6 of 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. The scholarship application is available on the admissions link of the website (www.caymaninternationalschool.org).

Age Criteria/Time Frame

The school follows these general guidelines for all grade levels from Nursery to Grade 12. Exceptions may be granted at the discretion of the Director. ***A student should be 14 years old prior to Oct. 1, 2018, to enter Grade 9 or be enrolled currently in Grade 8 (or Year 9). Applications will be received until 4:30pm of May 11th, 2018. Finalists will be invited to interview with the Scholarship Committee by the end of May 2018.***

Student's Legal Name: (Family Name, First, Middle)		(Preferred name)	Sex: M F (Circle one)
Birth Date: (Month, Day, Year)	Country of Birth:		Nationality:
Local Address:		Primary Telephone:	
Mailing Address: PO Box _____ Grand Cayman, KY1-_____		Primary E-Mail Address:	
Desired Enrollment Date: 21 August 2018		Applicant to Enter Grade: Grade 9 ONLY	
Language spoken	First	Second	Others
Level of English Proficiency <input type="checkbox"/> Native <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> None			

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

Name of School	City/Country	Grade Level(s)	Dates Attended	Language of Instruction	*Special Program (If Applicable)

*Please submit standardized tests, individualized educational plans, or reports of special testing.

Father/Guardian Name:

Mother/Guardian Name:

Nationality:

Nationality:

Employer:

Employer:

Work Telephone:

Work Telephone

Home Address:

Home Address:

Home Telephone:

Home Telephone:

Cell Number:

Cell Number:

Work Email:

Work Email:

Personal Email:

Personal Email:

Signature:

Signature:

Date:

Date:

Family History

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

Father Mother Step-Father Step-Mother Guardian (name): _____

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

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 _____

In partnership with you, if it is determined that your child requires additional educational testing, counseling, or an evaluation for continued enrollment, will you give your permission for such testing to be administered and accept responsibility for associated costs?

Yes No

If you selected "No" it will be necessary to meet with a school principal prior to your child's acceptance to CIS.

Has your child taken any standardized tests? Yes No Title of Test Submitted _____

How did you learn about the scholarship? _____

Health Information

Student's Name _____

Please tick 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 give 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 indicate type of medication.

Does the student have any allergies? Yes No If yes, please describe _____

***In case of emergency the school should notify:**(Parents will be contacted first; *please provide two **additional** emergency contacts*)

(1) Name _____ Phone _____

(2) Name _____ Phone _____

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

Information to be Completed by Parents**Financial Information**

1. Please indicate monthly/yearly salary.

a. Mother _____

b. Father _____

2. Please list any financial assets of the mother and father.

3. Please comment on any financial hardships that the family and/or student applying for this scholarship is facing.

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

Confidential References/Recommendations to be completed separately by the Principal/Guidance Counselor and Teacher

Please provide the attached 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 fax, e-mail or courier to:

**Admissions Office
Cayman International School
95 Minerva Drive, Camana Bay
P.O. Box 31364
Grand Cayman KY1-1206**

Email: cis@cis.ky; Fax: 945-4650

Scholarship Application Checklist

- Proof of Caymanian Status (a copy of face page of passport and birth certificate and or letter from immigration indicating Caymanian Status)
- Copies of report cards from the past two years
- Transcript, if available
- 1 small photo or a digital photo emailed to admission@cis.ky
- Recommendation letter from Principal or Guidance Counselor of current school
- Recommendation letter from one Core teacher (in either English, Math or Science) of current school
- Academic/Leadership Essay
- Evidence supporting leadership and academic accomplishments
- Financial Need
- Completed application
- A copy of up-to-date immunization record
- A copy of health insurance card