



Cayman Prep and High School

Owned and operated by the United Church in Jamaica and the Cayman Islands
PO Box 10013, Grand Cayman KY1-1001, CAYMAN ISLANDS
Primary School Phone: +1-345-949-5932 High School Phone: +1-345-949-9115
Website: www.cayprep.edu.ky

FINANCIAL ASSISTANCE APPLICATION FORM SCHOOL YEAR 2024-25

Please complete this form in its entirety. If you are unable to fully complete any section, please provide an explanation. You may attach a sheet if you require additional space.

This form must be returned to the Business Manager in order to be considered for assistance for the 2024-25 school year. All applications must be accompanied by current employment letters (within the last 3 months) as confirmation of income. The application will not be considered without the relevant letters.

You may print this form to complete or complete it electronically and print to sign it. Please return a scanned copy to businessmanager@cayprep.edu.ky

| | |
|---|---------------|
| Name of Student: | Class: |
| Caymanian? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

List all siblings:

| Name: | Age: | School attending: | Monthly cost: |
|-------|------|-------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Number of persons in the household:

| | |
|---------|-----------|
| Adults: | Children: |
|---------|-----------|

PARENTS/GUARDIANS INFORMATION AND INCOME:

| | |
|----------------------------|--|
| Father/Guardian's Name: | |
| Mailing Address: | |
| Physical Address: | |
| Own or rent this property? | <input type="checkbox"/> own <input type="checkbox"/> rent |
| Telephone number: | |
| Email: | |
| Occupation: | |
| Employer: | |
| Employer's Address: | |
| Employer's Telephone: | |
| Employer's Fax: | |
| Employer's Email: | |
| Net* Monthly Income: | |

*Net of mandatory deductions for pension and health insurance

| | |
|----------------------------|--|
| Mother/Guardian's Name: | |
| Mailing Address: | <input type="checkbox"/> same as above, or if different: |
| Physical Address: | <input type="checkbox"/> same as above, or, if different: |
| Own or rent this property? | <input type="checkbox"/> same as above, or <input type="checkbox"/> own <input type="checkbox"/> rent |
| Telephone number(s): | |
| Email: | |
| Occupation: | |
| Employer: | |
| Employer's Address: | |
| Employer's Telephone: | |
| Employer's Fax: | |
| Employer's Email: | |
| Net* Monthly Income: | |

*Net of mandatory deductions for pension and health insurance

Please provide details of all other income to household (contributions from other employed adults, rent, child maintenance, interest income etc.) including source and monthly amount:

Please provide details of any other assets owned (property, bank accounts, investment accounts, vehicles, etc.) with a value exceeding CI\$10,000. Include type of asset and estimated value.

Membership in the United Church of Jamaica and the Cayman Islands:

| | | |
|--------|--|-----------------------|
| Mother | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, congregation: |
| Father | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, congregation: |

HOUSEHOLD EXPENSES:

Household expenses – please provide descriptions and amounts (on a monthly basis) of all significant household expenses:

| Description: | Monthly Cost: |
|------------------|---------------|
| Rent/Mortgage | |
| Utilities | |
| School Fees | |
| Loans | |
| Groceries | |
| Other (describe) | |
| | |
| | |
| | |

Please give further details of any circumstances (or changes in circumstances) that would assist the Board of Governors in assessing need for financial assistance.

I/We attest that this is a truthful account of my/our financial position. If the Board of Governors requires further information or verification I/we confirm that I/we will provide it and/or consent to its provision.

If you have completed this form electronically, please print the completed form and sign it.

| | |
|-------------------------|-------|
| Father/Guardian's Name: | Date: |
| Signature: | |

| | |
|-------------------------|-------|
| Mother/Guardian's Name: | Date: |
| Signature: | |