

*Dr. James A. C. King
Medical Scholarship*



Butterfield Bank

CONDITIONS GOVERNING THE DR. JAMES A. C. KING SCHOLARSHIP

The purpose of the Dr. James A. C. King Scholarship is to provide financial assistance to a full-time Bermudian medical student who is within two years of graduation from an accredited medical school.

1. AMOUNT OF SCHOLARSHIP

This scholarship provides financial assistance in the amount of \$40,000 per year for two consecutive years.

2. SELECTION FREQUENCY

This scholarship is awarded bi-annually, every other calendar year, commencing in 2007.

3. TERM OF SCHOLARSHIP

The term of the distribution of funds for the scholarship is each year for two consecutive years upon selection of the scholarship, so long as the recipient remains a full time medical student in good standing.

4. SELECTION COMMITTEE

Applicants will be reviewed by a Selection Committee made up of representatives from Butterfield Bank, Bermuda Hospitals Board and the local community. The Selection Committee will select the bi-annual recipients.

5. MEDICAL SCHOOL STATUS

Applicants must be full-time, active students in good standing at their respective medical school at the time of selection and remain in good standing throughout the term of the scholarship. In the event this status changes, the Selection Committee reserves the right to withdraw the payment of the scholarship, and/or seek remuneration of the amount of scholarship already funded to a recipient.

6. LOCATION OF MEDICAL SCHOOL

No geographic preference will be given to the location of the medical school.

7. DISCLOSURE OF MEDICAL CAREER GOALS

The application process and Selection Committee require scholarship applicants to disclose their course of medical study or specialization in medicine, e.g. pediatrics, oncology, ear/nose/throat, and geriatrics.

8. CONSIDERATION OF MEDICAL ARTS CAREER GOALS OF APPLICANTS

The Selection Committee will pay special attention to applicants who whose medical field of study or specialization would fill a demand for such medical arts in Bermuda. A preference will be given to applicants who plan to practice medicine in an area of expertise needed in Bermuda, as deemed so by the Bermuda Hospital Board.

9. CITIZENSHIP AND EDUCATION REQUIREMENTS

The following are required qualifications for all candidates:

- i. Must be Bermudian, based on the definition of citizenship by the Department of Immigration, Bermuda.
- ii. Must have had five years of schooling in Bermuda prior to application.

10. FINANCIAL NEED

The recipient must disclose details of any other awards accepted to the Selection Committee. The Selection Committee must be satisfied that the aggregate value of such local awards when added to the Scholarship does not exceed the Committee's estimate of the cost of tuition, materials and living expenses.

Applicants must disclose details of financial need, including a list of any other awards or financial aid currently used for medical school costs on the Scholarship application.

11. WITHDRAWAL OF SCHOLARSHIP

The Selection Committee reserves the right to withdraw the Scholarship at anytime if the work or conduct of the recipient proves to be unsatisfactory.

12. SCHOLARSHIP VACANCY

The Selection Committee reserves the right to make a second award to a different recipient of the bi-annual scholarship at any time during the scholarship term, in the event that a current recipient becomes ineligible.

13. PROGRESS REPORTS

The recipient is required to provide the Committee with notification in the event the recipient is no longer actively enrolled in good standing in the final two years of medical school. In addition, the recipient will submit a written progress report and official transcripts after each academic term (semester).

14. APPLICATION PROCESS

The application will be made on the attached form and must include:

i. Current resume or CV.

ii. Accurate, thorough and complete information.

iii. Statement of intent for use of the scholarship.

iv. Up-to-date document of current enrollment in a medical school, in good standing.

v. Documentation of proof of Bermudian status.

vi. Provide Proof of financial need.

vii. Provide Evidence of other scholarships and financial assistance.

viii. Statement of willingness to return to Bermuda to practice medicine and/or contribute service to the health and care of the community.

ix. One letter of recommendation from an instructor/faculty member at the current medical school to verify that the applicant is a full-time student and currently in good standing.

15. INCOMPLETE APPLICATIONS OR MISSING DOCUMENTATION

No application will be considered without a completed application form accompanied by the documentation.

16. SELECTION INTERVIEWS

The Selection Committee will invite certain applicants to participate in a live interview. The results of this interview will be used to assist the Committee in determining applicant qualifications. Inability or unwillingness to participate in this part of the process may affect an applicant's consideration.

17. CLOSING DATE FOR RETURNING COMPLETED APPLICATIONS

All applications for this scholarship must be received by the Scholarship Administrators Committee, Butterfield Bank, no later than the **last Friday in March** of each award year.

18. SUBMITTING THE APPLICATION

There are two ways to submit the scholarship application: by mail or by hand delivery.

i. Mail Applications to:

The Secretary of the Scholarship Selection Committee
The Bank of N. T. Butterfield & Son Limited
P. O. Box HM 195, Hamilton, HM AX, Bermuda

ii. By Hand deliver to:

Human Resources
Butterfield Bank
65 Front Street
Hamilton, Bermuda
Addressed to:
The Secretary of the Scholarship Selection Committee
The Bank of N. T. Butterfield & Son Limited
Human Resources Department, 4th Floor, Head Office

19. NOTIFICATION OF AWARD

The Selection Committee will appoint a member of its Committee to contact the recipient of this award by telephone to notify the recipient as soon as practical after the decision is made. A letter with details of the scholarship will also be sent to the recipient. Other applicants, not selected to receive the scholarship, will be notified using the same process.

20. SCHOLARSHIP EXTENSION REQUESTS

To extend the scholarship duration and amount, recipients must reapply for the scholarship during the regular bi-annual application period.

This form is to be completed and returned with the required documentation to the Secretary of the Bank's Scholarship Selection Committee, Butterfield Bank, no later than the last Friday in March of each award year (please print clearly).

1. Full name of applicant: _____

2. Date and place of birth: _____

3. Address (Bermuda): _____

4. Telephone (Bermuda): Home: _____ Work: _____

5. Address (Abroad): _____

6. Email Address: _____

7. Name of local contact: _____

8. Address of local contact: _____

9. Name and location of medical school: _____

10. Please state your field of study: _____

11. Describe your intention to return to live in Bermuda and practice medicine upon completion of your education:

- a) definitely returning b) likely to return c) not decided d) will practice in a different location

12. Intention for use (see 14.iii. of the conditions). If selected, I will use these funds to: _____

13. CHRONOLOGICAL DIGEST OF CANDIDATE'S ACADEMIC ACHIEVEMENTS

QUALIFICATIONS	SUBJECT / FIELD	GRADE / CLASS	DATE
1.			
2.			
3.			
4.			
5.			
6.			
UNDERGRADUATE DEGREE			

