

The Institute of Internal Auditors (Bermuda Chapter) Ltd. Scholarship Application

The Institute of Internal Auditors ("IIA") Bermuda Chapter was formed to reinforce the island's focus on good corporate governance and responsibility while providing professionals with the tools to deliver value added services to the local and international business community.

The IIA (Bermuda Chapter) Scholarship is awarded/limited to Bermudians, Spouse of Bermudian and long-term residents of Bermuda¹ and is tenable for payment of fees, up to \$2,000 or such other amount as the Scholarship Committee determines is reasonable, associated with obtaining an IIA designation (e.g. CIA, CRMA, QAIL). To be considered for the Scholarship, all documentation must be submitted and approved by The IIA. The IIA Bermuda Chapter will pay 50% of the examination fees and related preparatory materials directly as candidates are registered and eligible to sit the examination(s) and the remaining 50% upon completion of a course examination with a passing grade.

Applicants must meet or demonstrate the ability to meet the following eligibility requirements:

- Master's Degree, Bachelor's Degree or equivalent
- Active Internal Audit Practitioner designation holder
- High School Diploma, Associates Degree, GCE, A-Level or equivalent
- Other education and/or 1+ year experience or equivalent in Internal Audit, Quality Assurance, Risk Management, Audit/Assessment/Disciplines, Compliance, External Audit, Internal Control
- Copy of degree or official transcripts
- Exhibit high moral and professional character and must submit a Character Reference Form signed by a CIA, CGAP, CCSA, CFSA, CRMA, QIAL or candidate's supervisor when applying for the exam.
- Display exemplary professional behavior and judgment and must agree to abide by the IIA's Code of Ethics
- Proof of identification in the form of a copy of the candidate's valid official passport or government issued identification.

Scholarships are awarded based on the degree to which the Scholarship Committee and the IIA Board believes the eligibility criteria are met. If a scholarship holder decides to discontinue their participation in the program, there will be no further scholarship disbursements required. The completed Application Form, along with supporting documentation, must be submitted via email to trevor.brookes@partnerre.com in sufficient time for consideration, generally at least one month before disbursements are required.

The Scholarship winner must submit invoices to support the proper use of the scholarship funds. Improper use of funds could disqualify the person from writing the examination and result in a request to repay the funds. The Scholarship winner will be eligible for the scholarship only once but may write the examination as many times as they are eligible and willing.

The IIA Bermuda Board anticipates awarding up to two scholarships per year and reserves the right to, at its discretion, increase the number of scholarships awarded to more than two per year.

¹ Refer to the [Government of Bermuda](http://www.gov.bm) website for the eligibility requirements of a long-term resident.

INSTRUCTIONS:

The Application Form will be used to evaluate applicants interested in obtaining an IIA designation. For priority consideration, please submit the completed Application Form and all supporting documentation, with sufficient time, for consideration.

Incomplete Applications will not be considered.

PERSONAL PROFILE

Name: _____

Permanent Address:

_____ Street / _____ Parish / _____ Post Code

Phone: (____) _____ Email: _____

COLLEGE PROFILE

College Name: _____

City/State: _____

College GPA: _____

Number of hours earned: _____

Please list awards, honors, offices held and scholarships received at the college level. Also list organizations in which you are involved. List the time period of involvement and any elected positions held.

COMPANY PROFILE

Company Name: _____

Current Position: _____

Number of years in the Company: _____

Does your Company provide reimbursement for completing an IIA designation?
(Y/N) _____

- Have you taken an IIA Examination before? ____ Yes ____ No
- If Yes, please indicate parts taken below:
 - Part I _____ how many times? _____ pass/fail? _____
 - Part II _____ how many times? _____ pass/fail? _____
 - Part III _____ how many times? _____ pass/fail? _____
- How do you intend to study for the exam? _____

APPLICANT/ MANAGER CERTIFICATION

My signature and my Manager's signature below certify the information provided in the Application is accurate and complete to the best of my knowledge. I authorize the IIA Bermuda Chapter to release any information contained in this Application to the Scholarship Committee and IIA Board Members for consideration.

Signature: _____

Date: _____

Signature of **Manager**/ Supervisor: _____

Date: _____

Submit completed application to: trevor.brookes@partnerre.com