







Improving Environmental Management through Sustainable Land Management in St. Kitts and Nevis Project

APPLICATION FORM

POST-GRADUATE SCHOLARSHIP

INSTRUCTIONS FOR COMPLETING THIS FORM

- i. Type or Fill form in block letters.
- ii. Answer Section A-D or your application will <u>not</u> be eligible for consideration.
- iii. Place a tick in the appropriate box.
- iv. Have your Permanent Secretary/ Head of Department complete Section E.

Section A

Surname		First Name					Middle
Marital statu	ıs: S	Single ()	Married ()		Gender:	M()	F()
Date of Birtl	h: Day	Month	Year	Age last b	oirthday:		
		ship documento	ation if not a no		ity: ts and Nevis)		
No. of deper	ndants (<i>if ar</i>	ny, state relatio	onship in each	case):	Yes	()	No ()
Home Addre	ecc.						

Work Address: _				
Telephone (s):	Home	Work		Mobile
Email Address:				
		Section	В	
Current Position	Job Title:			
Ministry/Departr	ment where Emplo	yed:		
Date of initial Er	nployment:	D	ate of first Appointm	ent:
Present Salary: _				
		Section	\mathbf{C}	
Course of study:	[] PHD	[] Masters	[] Bachelor	[] Associates
Mode of Study:	[] Online	[] On Campus		
Intended University	sity/ Institution:			
Country of above	e University/ Instit	ution:		
Course Commencement Date:			End Date:	(
Estimated Cost for		Tuition (<u>Yearly</u>) Room & Board Books Airfare Total Estimated Co	USD\$ USD\$	

TOTAL ESTIMATED COST PER YEAR	(USD\$)	
Have you received financial assistance from any other institution?	Yes() N	lo ()
If YES, kindly state which organisation:		
Section D		
Indicate whether you are willing to sign a bond for serving the Gov your return, for a period as may be required of you: Yes ()	ernment of St. Kitts and Nevis No ()	upon
Name, Address, and Occupation of your two (2) proposed Guaranton	s for bonding purposes:	
1. Name:		
Address:		
Contact Information:		
Employer: F	osition:	
2. Name:		
Address:		
Contact Information:		
Employer: F	osition:	
Kindly attach the following documents to the application: i. Cover letter specifying objectives for pursuing studies; ii. Original letter of acceptance from the institution; and iii. Relevant breakdown of fees.		
I certify that the above information, to the best of my knowledge, is	rue and accurate.	
Applicant's Signature		

Section E

TO BE COMPLETED <u>ONLY</u> BY PERSONS SEEKING STUDY LEAVE.

Permanent Secretary/ Head of Departr	ment kindly fill in the below, sign and da	ite this section.
Please indicate your approval of the of	fficer's application for further study: Ye	es() No()
_	be made for another officer to carry ou No ()	t duties in the applicant's
Kindly comment to support your decis	sion:	
Signature of Permanent Secretary/ Hea	ad of Department	Date: (dd/mm/yyyy)