

MINISTRY OF HUMAN RESOURCES

Social Security Building Pinney's Estate, Nevis Tel No.: (869) 469 – 5521 Ext. 5163/4 Email: hrdept@niagovt.com

APPLICATION FORM

FINANCIAL ASSISTANCE FOR HIGHER EDUCATION

Applicants should take note that financial assistance is neither a right nor an entitlement; approval is at the discretion of the relevant authorities of the Nevis Island Administration.

INSTRUCTIONS FOR COMPLETING THIS FORM

- i. Type or Fill form in block letters.
- ii. Answer Section A-E or 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				
Marital status:	Single ()	Married ()		Gender:	M()	F()
Date of Birth:	Day Month		Age last bin	thday:		
D	Oay Month	Year				
Place of Birth: _			Nationality	/:		
No. of dependan	ts (if any, state relate	ionship in each d	case):	Yes	()	No ()
Home Address:						
Work Address: _						
Telephone (s):	Home	Worl	k	Mo	obile	
Email Address:						

Section B

Current Position/Job Title:			
Ministry/Department where Employed:			
Date of initial Employment:	Date of first Appo	ointment:	
Present Salary:			
Course of study (specify whether Certificate/	Section C Diploma/ Degree):		
Intended University/ Institution:			
Country of above University/ Institution:			
Course Commencement Date:	End	Date:	
Note: If you have already begun the above stapplication.	ated course, kindly attach a	n original transcript to	o this
Have you sought financial assistance from an	y other institution?	Yes()	No ()
If YES, kindly state which organisation:			
	Section D		
Indicate whether you are willing to sign a Federation upon your return, for a period as n		vis Island Administrati Yes ()	ion or the No()
Note: Ensure you decide upon two (2) guarapproved.	rantors for bonding purpo	ses, should your appl	ication be
Kindly attach the following documents to the i. Cover letter specifying objectives ii. Original letter of acceptance from iii. Relevant breakdown of fees.	for pursuing studies;		
I certify that the above information, to the best	st of my knowledge, is true	and accurate.	
Applicant's Signature		Date: (dd/mm/yyyy))

Section E

TO BE COMPLETED \underline{ONLY} BY PERSONS WORKING FOR GOVERNMENT.

Permanent Secretary/ Head of Department kindly fill in the below, sign as	nd date this sect	ion.		
Please indicate your approval of officer's application for further study:	dicate your approval of officer's application for further study: Yes ()			
Indicate whether arrangements can be made for another officer to carrabsence: Yes () No()	y out duties in	the applicant's		
Kindly comment to support your decision:				
Signature of Permanent Secretary/ Head of Department	Date: (da	d/mm/yyyy)		