



**NEVIS TOURISM AUTHORITY**  
Main Street, Charlestown, Nevis  
Tel No: (869) 469-7550  
Email: Applications@nevisisland.com

---

## SCHOLARSHIP APPLICATION FORM

**Section A**

---

Surname	First Name	Middle
---------	------------	--------

Marital status:	Single ( )	Married ( )	Gender:	M ( )	F ( )
-----------------	------------	-------------	---------	-------	-------

Date of Birth: _____	Age last birthday: _____
Day                  Month                  Year	

Place of Birth: _____	Nationality: _____
-----------------------	--------------------

*(Please provide citizenship documentation if not a native of St. Kitts and Nevis)*

Home Address: \_\_\_\_\_

\_\_\_\_\_

Work Address: \_\_\_\_\_

Telephone (s):    Home \_\_\_\_\_                  Work \_\_\_\_\_                  Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Position/Job Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Date of initial Employment: \_\_\_\_\_

## Section B

Please indicate whether you are willing to sign a bond with the Nevis Tourism Authority upon your return and act as a brand ambassador for Nevis for a period of one (1) year. This includes but is not limited to media appearances, social media campaigns, and participation in Nevis Mango Festival as a feature chef:  
Yes ( )      No ( )

Name, Address and Occupation of your two (2) proposed Guarantors for bonding purposes:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Kindly ensure to attach the following documents to the application:

- |   |  |
|---|--|
| i. Copy of valid passport               | this program. Addressed to Mr. Devon     |
| ii. Curriculum Vitae                    | Liburd Chief Executive Officer (CEO),    |
| iii. Copy of Birth Certificate          | Nevis Tourism Authority                  |
| iv. Police Record                       | vii. Two (2) recommendation letters. One |
| v. Medical Certificate                  | from a current or former employer and    |
| vi. One (1) page Essay on how you see   | one from someone within the Tourism,     |
| yourself benefitting and applying the   | Culinary or Hospitality industry         |
| information and experiences gained from |  |

I certify that the above information, to the best of my knowledge, is true and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date: (dd/mm/yyyy)

### Section C

**TO BE COMPLETED ONLY BY PERSONS EMPLOYED/ WORKING FOR GOVERNMENT.**

Head of Department/ Manager kindly fill in the below, sign and date this section.

Please indicate your approval of employee's release from duty for ten (10) week period: Yes ( ) No ( )

Indicate whether arrangements can be made for another employee to carry out duties in the applicant's absence: Yes ( ) No ( )

Kindly comment to support your decision:

---

---

---

---

---

---

Signature of Head of Department/ Manager

---

Date: (dd/mm/yyyy)