

NESBITTFOUNDATION

The Rising Glow Scholarship Application

The Nesbitt Foundation Rising Glow Scholarship provides full scholarships for selected students from Antigua and Barbuda to attend the Universal Skincare Institute Antigua 1,000 Hour Professional Esthetics Program. The scholarship supports students who demonstrate passion, determination, and a commitment to building a future in the beauty and wellness industry.

Please complete all sections of this application.

Section 1: Applicant Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Section 2: Education Background

Highest Level of Education Completed:

- Secondary School
- High School Graduate
- Vocational Training
- College / University
- Other: _____

Name of School: _____

Year Completed: _____

Certificates or Qualifications (if any): _____

Section 3: Interest in Skincare & Beauty Industry

Why are you interested in pursuing a career in skincare and the beauty industry?

Section 4: Personal Statement

Please explain why you are applying for the **Rising Glow Scholarship** and what receiving this opportunity would mean for your future.

Section 5: Community & Personal Goals

How do you hope to use your education to positively impact your community or the beauty industry in Antigua and Barbuda?

Section 6: Financial Need

Please briefly describe your financial situation and why you are seeking scholarship assistance.

Section 7: Reference

Please provide one reference from a teacher, employer, mentor, or community leader.

Name:

Relationship to Applicant:

Phone Number:

Email Address:

Section 8: Supporting Documents

Please attach the following documents with your application:

- Copy of Identification
- Proof of Residence in Antigua and Barbuda
- Educational Certificates (if available)
- Letter of Recommendation

Section 9: Applicant Declaration

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of false information may result in disqualification from the scholarship program.

Applicant Name:

Applicant Signature:

Date:
