



Black Educators Association
2136 Gottingen Street
Halifax, NS B3K 3B3
Ph: 902-424-7036 Fax: 902-424-0636
Toll-free: 1-800-565-3398



Application Closing Date for 2017-2018 Academic Year: April 30, 2017

Eligibility Criteria (*This is a one-time \$400 bursary*)

- African Nova Scotian (Black) learner - At least one parent to be of African descent
- Resident of Nova Scotia
- Demonstrate financial need
- Continuing studies at Post-Secondary institution (i.e., university, college, trade, school, etc)
- Studying toward first degree or diploma at Canadian post-secondary institution (Including the Transition Year Program)

Special Instructions

- All sections of the application **MUST** be completed
- All documents must be submitted to the Selection Committee by the deadline date
- Incomplete applications will not be considered by the committee
- Only successful candidates will be notified

How to Apply

Applicants must submit the following documents:

- Application form
- Transcript - High School/Last Institution
- Letter of acceptance (*conditional acceptance*)
- Personal Statement (*Tell us about yourself/financial circumstances*)
 - a) *What BEA programs, if any, have you participated in?*
 - b) *Has participating in any of these programs made a positive impact on you?*
- Two letters of reference (**use A, B,C, as a guideline**)
 - a) *How long have you known the person and in what capacity?*
 - b) *Knowledge of the person's accomplishments in his/her life?*
 - c) *Additional information that you think the selection committee should know*

Applications close at 4:00 pm on April 30, 2017

Mail to
Black Educators Association
Bursary Committee
2136 Gottingen Street,
Halifax, NS B3K 3B3

➤ **Please keep this sheet for your records.**



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BLACK EDUCATORS ASSOCIATION - BURSARY APPLICATION

Name of applicant: _____ Male _____ Female _____

SIN No. _____ DOB: (mm/dd/yy) _____

Permanent Address: _____
Street *Apt* *City* *Postal Code* *Province*

Alternate Address: _____
 (September-May) *Street* *Apt* *City* *Postal Code* *Province*

Phone No: _____ Cell No: _____ Email: _____

Last Institute Attended: _____
Name *Province*

Intended Study This Year: _____
Undergraduate Program *Institution* *Province*

Have you been accepted for 2017/2018 Yes No

One parent is of African descent: Yes No

What are your future objectives or goals? _____

Character Reference (non-family members or relatives)

Name	Address	Phone #
1. _____	_____	_____
2. _____	_____	_____

Financial Information

Single Married Sole Support Parent Number of Dependents: (under 16 years) _____

GENERAL EXPENSES:

Tuition \$ _____ Books \$ _____ Living Expense (Lodging/Boarding) \$ _____
 Transportation \$ _____ Food \$ _____
TOTAL COST: \$ _____

EARNINGS:

Summer Employment \$ _____ Parental Support \$ _____ Awards, Bursaries/Scholarship \$ _____
TOTAL COST: \$ _____

My application form is complete and the information given on this application is true and correct.

Signature: _____ Date: _____



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BEA Bursary Fund Student Waiver Form

Please note that it might be necessary for BEA to request additional information from your current post-secondary institution in order to process your application. By signing this waiver form, you grant permission for your institution to release additional information to the Association.

I _____, by signing this waiver,
(Please Print Your Name)

Please check one:

I **grant permission** to personnel of the Office of Admission at _____ to discuss with a representative from the Black Educators Association on matters pertaining to my enrollment status at the school.

I **deny permission** to personnel of the Office of Admission at _____ to discuss with a representative from the Black Educators Association on matters pertaining to my enrollment status at the school.

Student's Signature _____ Student's ID # _____

Date: _____