



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



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

### Eligibility Criteria (*This is a one-time \$500 bursary*)

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- 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

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- 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

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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**

<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Sole Support Parent	Number of Dependents: (under 16 years) _____
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#### **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: \_\_\_\_\_