



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 2022-23 Academic Year: EXTENDED TO SEPTEMBER 30th, 2022

Eligibility Criteria (*This is a one-time \$500 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 closes at 4:00 pm on September 30th, 2022

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

Please keep this page 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 2021/2022 Yes No

One parent is of African descent: Yes No

What are your future objectives or goals? _____

Character Reference (non-family members or relatives)

	<u>Name</u>	<u>Address</u>	<u>Phone #</u>
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: \$ _____
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EARNINGS: Summer Employment \$ _____ Parental Support \$ _____ Awards, Bursaries/Scholarship \$ _____	TOTAL COST: \$ _____
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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 the **UNIVERSITY/or COLLEGE** 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 the **UNIVERSITY/or COLLEGE** 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: _____