



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 2024-25 Academic Year: APRIL 30th, 2024

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 deadline - 4:00 pm, April 30th, 2024

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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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: _____