**Application Closing Date for 2024-25 Academic Year: APRIL 30th, 2025**

**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)*

1. *What BEA programs, if any, have you participated in?*
2. *Has participating in any of these programs made a positive impact on you?*

Two letters of reference (**use A, B,C, as a guideline)**

1. *How long have you known the person and in what capacity?*
2. *Knowledge of the person’s accomplishments in his/her life?*
3. *Additional information that you think the selection committee should know*

**Applications deadline - 4:00 pm, April 30th, 2025**

**Mail to**

**Black Educators Association**

**Bursary Committee**

**2136 Gottingen Street,**

**Halifax, NS B3K 3B3**

***Please keep this page for your records.***

**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 2024/2025** **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_