



**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 2016-2017 Academic Year: April 30, 2016

### 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, 2016**

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