

**African United Baptist Association of Nova Scotia  
Scholarship and Bursary Application**

**Deadline for Application JUNE 30**

**PERSONAL INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/town

Province

Postal Code

Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Names of Parents: Mother \_\_\_\_\_ Father \_\_\_\_\_

Or Guardians \_\_\_\_\_

Have you been a resident in Nova Scotia for the past 5 years? Y ( ) N ( )

Are you a member/adherent of a Church within the African United Baptist Association? Y ( ) N ( )

Name of Church \_\_\_\_\_

**PREVIOUS SCHOOL HISTORY**

Last School attended \_\_\_\_\_

Address \_\_\_\_\_

Name of University or College you are entering \_\_\_\_\_

Program enrolled in \_\_\_\_\_ No. of years required to complete \_\_\_\_\_

What year of study will you be entering? (Please circle) 1 2 3 4

**STUDENT IDENTIFICATION NUMBER** \_\_\_\_\_

**FINANCIAL INFORMATION**

Estimated yearly expenses \$ \_\_\_\_\_

. Amount you expect to be able to contribute \$ \_\_\_\_\_

. Amount expected from other sources \$ \_\_\_\_\_

. Name of organization(s) approached for assistance \_\_\_\_\_

Did you receive a scholarship or bursary from the AUBA last year? Y ( ) N ( )

**CRITERIA: THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION**

( ) Assigned Student ID Number ( ) Copy of Transcript of Marks from last term

( ) Reference letter from current Pastor of the Church or Chairperson of the Deacon Board.

( ) Acceptance letter from University - Confirmation of Enrolment

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed application to: **Brenda L. Brooks, Scholarship/Education Chairperson**

**219 Brooks Drive**

**East Preston, NS B2Z 1G5**

902-462-5054 E-mail: [bbrooks7999@gmail.com](mailto:bbrooks7999@gmail.com)

**Please ensure all required information has been attached including Student ID Number.**

**Please note that Scholarships will be distributed October 31<sup>st</sup>.**