



THE LAYMEN'S COUNCIL OF THE
AFRICAN UNITED BAPTIST ASSOCIATION OF NOVA SCOTIA
P.O. BOX 8, DARTMOUTH MAIN,
53 QUEEN STREET, DARTMOUTH N.S., B2Y 3Y2

EDUCATION FUND APPLICATION FORM

PLEASE PRINT OR TYPE (DEADLINE FOR APPLICATION IS AUGUST 15TH.
(NO APPLICATIONS WILL BE ACCEPTED AFTER THAT DATE))

PERSONAL HISTORY:

NAME IN FULL-----

HOME ADDRESS-----

MAILING ADDRESS:-----

POSTAL CODE: _____ TELEPHONE #: _____

BIRTHPLACE: _____

HOW LONG HAVE YOU RESIDED IN NOVA SCOTIA? _____

RELIGIOUS AFFILIATION:

ARE YOU A MEMBER OR ADHERENT OF A CHURCH WITHIN THE AUBA? YES NO

NAME OF CHURCH: _____

NAME OF MINISTER: _____

FINANCIAL INFORMATION:

ESTIMATED COMMUNITY COLLEGE/UNIVERSITY EXPENSE: _____

HOW MUCH CAN YOU CONTRIBUTE TOWARDS YOUR UNIVERSITY YEAR?

FINANCIAL ASSISTANCE EXPECTED FROM OTHER SOURCE:

DID YOU RECEIVE A SCHOLARSHIP OR BURSARY LAST YEAR?

LIST OTHER ORGANIZATIONS YOU MAY HAVE APPLIED TO FOR FINANCIAL AID:

COMMUNITY COLLEGE/UNIVERSITY REGISTRATION:

HAVE YOU BEEN ACCEPTED AT A UNIVERSITY/COMMUNITY COLLEGE IN THE ATLANTIC PROVINCE?

NAME OF COLLEGE/UNIVERSITY: _____

PROGRAM OF STUDY YOU INTEND TO COMPLETE: _____

NUMBER OF YEARS REQUIRED TO COMPLETE PROGRAM:

OF A DEGREE PROGRAM, THIS COMING YEAR, I WILL DO: YEAR 1 2 3 4 (CIRCLE)

ENCLOSURES: (1) COPY OF TRANSCRIPT OF MARKS FOR LAST TERM OF STUDY, (2) LETTERS OF REFERENCE, FIRST TIME APPLICANTS ONLY. (3) LETTERS OF ACCEPTANCE FROM THE UNIVERSITY/COMMUNITY COLLEGE.

APPLICANT'S SIGNATURE: _____ DATE: _____

SEND APPLICATION TO ABOVE ADDRESS