



Submit to:
Financial Aid Office
Justice Institute of British Columbia
715 McBride Boulevard
New Westminster BC V3L 5T4
Email: financialaid@jibc.ca
Confidential fax: 604.528.5653

Bernice Scarfo and Family Bursary

Personal Information

First Name _____ Last Name • " i-ò † FD.O.B. _____

Apt/Unit/PO Box _____

Address _____

Additional Information

Which of the following best describes your current situation?

- † Single student with no dependants
- † Married or in a common law relationship with no dependants
- † Married or in a common law relationship with dependants
- † Sole support parent

Number of dependants _____

Ages of dependant(s) _____

Where will you be residing during your study period?

- † With parent(s), NOT paying rent or mortgage
- † With family, NOT paying rent or mortgage
- † With spouse or friends, NOT paying rent or mortgage
- † With parent(s), paying rent or mortgage
- † With family, paying rent or mortgage
- † With spouse or friends, paying rent or mortgage
- † Alone paying rent
- † Alone paying mortgage

Which one statement best describes your current residency status?

- † I have lived in British Columbia for 12 months or more
- † I have lived in British Columbia for less than 12 months
- † I am from another Canadian province or territory

Are you currently employed? † Yes † No

Name of Employer: _____

Hours of work per week: _____

Employment Status:

† Full-time † Part-time † Contract † Other: _____

Are you planning to work during your program of study? † Yes † No

If yes, how often (# hours/week): _____

EXPENSES (Monthly)

Rent/Mortgage and Utilities	\$
Food	\$
Transportation	\$
Miscellaneous	\$
Daycare (including subsidy)	\$
Loans/credit payments	\$
Medical/dental premiums	\$
Insurance (car/house/life)	\$
Glasses/contacts	\$
Car repairs	\$
House repairs	\$
Non-refundable medical costs	\$
Other (specify) _____	\$
(B) TOTAL MONTHLY EXPENSE	\$ (B)

Total Monthly Income (A) - Total Monthly Expenses (B) = \$ _____

Bernice Scarfo and Famil

