

Financial Aid and Awards Office
Justice Institute of British Columbia
715 McBride Boulevard
New Westminster BC V3L 5T4
Email: financialaid@jibc.ca
Fax: 604.528.5653

Academic Information

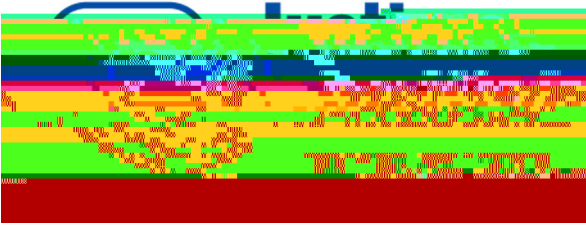
JIBC Program Name _____

Career Goal _____

Previous Education:

High School	Name of School:	Level Achieved:
	Date Range Attended:	
College/ University	Name:	Level Achieved:
	Date Range Attended:	
Vocational/ Trade/ Technical	Name:	Level Achieved:
	Date Range Attended:	

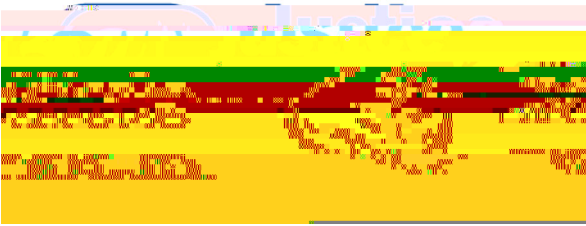
Other



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Personal Statement

Please provide a personal statement on how JIBC courses will contribute toward your goal of a



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Any misrepresentation will result in a penalty which could include, but is not limited to, expulsion from my program, ineligibility to be considered for future awards and forfeit any outstanding awards. Furthermore, the JIBC Registration Office maintains the right to withhold grades and official transcripts and to put a notation on my permanent record. I hereby declare that the information given on this application is, to the best of my knowledge, correct and that I have read and understood the directions at the beginning of this application. I authorize JIBC Registration Office to verify any or all the above statements if deemed necessary.

I understand that:

1. The JIBC award selection committee appointed will review my application.
2. I must maintain satisfactory completion of courses in my program.
3. If I receive this award my name will be shared with the donor.

I give permission to the JIBC Registration Office:

1. To use information from my Income Tax Return to verify information on my award application.
2. To consult its own Student Information System for the purpose of ascertaining my academic standing and cumulative credits; also to confirm my status as either part time or full time and to confirm my field of study.

Signature of Applicant

Date

Please print and return the completed application and any documentation to one of the following options below.

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