



Gerry Wong Memorial Bursary

To provide support for students in financial need enrolled in the Primary Care Paramedic Program at the Justice Institute of British Columbia.

Eligibility criteria:

- Canadian citizen, permanent resident, or have refugee status;
- Students enrolled in the Primary Care Paramedic Program at JIBC;
- Demonstrate financial need not met by other available sources of funding including student loans, grants, sponsorship, work income, etc.
- Preference will be given to students living and/or working in the BC Interior (Bulkley-Nechako, Cariboo, Central and East Kootenay, Columbia-Shuswap, Fraser-Fort George, Kootenay Boundary, North Okanagan, Northern Rockies, Okanagan-Similkameen, Peace River, Stikine Region, Thompson-Nicola).

Personal Information

First name _____ Last name _____

Date of birth _____

Address _____

City _____ Postal code _____

Phone _____ Email _____

JIBC student ID _____

Immigration status _____



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 _____

Age 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

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): _____



Financial Information

Please itemize your anticipated income and expenses for your period of study, per month. **Married or common-law students must list *entire* household income and expenses.**

INCOME (monthly)	Prior to program start	During program
Work net income	\$	\$
Spouse's net income	\$	\$
Income from government source (EI, HRDC, etc.)	\$	\$
From family/sponsor/employer	\$	\$
Child support/spousal support	\$	\$
Daycare subsidy	\$	\$
Other income (band funding/ investments/interest/etc.)	\$	\$
(A) TOTAL MONTHLY INCOME	\$ (A)	\$

Please also provide about any other sources of income, as of the date of this application. Do not include assets listed above.

INCOME (Other Sources)

Savings after tuition costs	\$
Student loans (family/bank/government)	\$
Grants/Scholarships/Awards/Bursaries	\$
Other (specify) _____	\$
TOTAL OTHER INCOME	\$



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 EXPENSES	\$ (B)

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



Declaration

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.

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