



# JIBC

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

## BC Transmission Corporation Legacy Award

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Personal Information
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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender      M      F      T      D.O.B. \_\_\_\_\_

Apt/Unit/PO Box \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

JIBC Student # \_\_\_\_\_ Social Insurance # \_\_\_\_\_

Citizenship Status \_\_\_\_\_

Aboriginal (circle)      First Nations      Inuit      Métis      Other      None

Do you have a permanent disability?      Y      N

Are you a protected person or Convention Refugee?      Y      N

**Academic Information**

JIBC Program Name (must be a program of at least 10 credits)

\_\_\_\_\_

Career Goal \_\_\_\_\_

Previous Education:

High School  
(name) (date completed) \_\_\_\_\_

Post-secondary  
(name) (date completed) (level achieved) \_\_\_\_\_

Other Licenses (titles) \_\_\_\_\_

**BCTC Employment**

Former employee with BCTC or current employee with BC Hydro?      Y      N

If yes, dates and location of employment with BCTC or BC Hydro

\_\_\_\_\_

If no, provide a letter of reference supporting your current community participation. See the details below in the "Letter of Reference" section.

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): \_\_\_\_\_

**Community Involvement**

In paragraph format, outline your community involvement, leadership and volunteer activities, including dates of involvement and explain how your contributions benefit public and community safety.

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Personal Statement

Please describe your interest in your chosen program and how this award will help you attain any personal or career-related goals. *Note: If there is any information that you feel was not reflected in this application, please include it in this section.*

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## Letter of Reference

For applicants who are not former employees of BCTC, please provide the name and telephone number of one person who will be providing a letter of reference. This individual should be qualified to speak to your leadership ability and community involvement. Provide the attached reference form to your referee in sufficient time for them to return it by the deadline. Your reference should not be a family member.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

## 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 the JIBC Registration Office to verify any or all of 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.

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

To submit your application electronically **click here**

If you are having trouble submitting the fillable form, please print and return the completed application, plus any documentation, to contact below:

Student Awards & Financial Aid Office  
Justice Institute of British Columbia  
715 McBride Boulevard  
New Westminster, BC V3L 5T4

Fax: 604.528.5653  
Email: [financialaid@jibc.ca](mailto:financialaid@jibc.ca)