



JIBC

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

BC Lung Association Healthy Lungs 1st Responder Award

Personal Information

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 _____

I am: First Nations Inuit Métis None

My Indigenous Ancestry (e.g. Cree, etc.) is: _____

Do you have a permanent disability? Y N

Are you a protected person or Convention Refugee? Y N

Academic Information

Program: _____

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 Licenses / Certificates	Name:	Level Achieved:
	Date Range Attended:	

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

Please be sure to submit your 1,000 word essay on *“How can first responders better understand and deal with lung health issues they might encounter in their work?”*

Please forward your completed application, plus any documentation, to the financial aid office by email, fax or dropping it off.

Student Awards & Financial Aid Office
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New Westminster BC V3L 5T4

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