



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

Heather Lyle Memorial 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: _____

Academic Information

JIBC Program Name (Award is open to eligible students enrolled in the Emergency Management Certificate, Diploma in Emergency and Security Management and the Bachelor of Emergency and Security Management Studies)

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:	

Personal Profile

Please describe how receiving this award will help you achieve your educational goals. *Note: If there is any information that you feel was not reflected in this application, please include it in this section. (Please attach additional pages if required).*

Community Involvement

Please list and describe the school and / or community activities, especially volunteering, with which you have been involved in the areas of public and community safety. Please ensure you include organization name(s) and dates for your role(s) and hours per week. (Please attach additional pages if required).

Letter of Reference

Please provide the name and telephone number of the person who will be providing a letter of reference. This individual should be qualified to speak about your community involvement. Provide the reference form to your referee in sufficient time for them to return it by the deadline. Your reference could be a teacher, principal, coach or supervisor but not a family member.

Name: _____ Phone number: _____

Title or relationship to student: _____

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.
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 return the completed application, plus any documentation, to one of the 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