



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

One World International Scholarship - LESD International Exchange

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 _____

Aboriginal First Nations Inuit Métis None

Other: _____

Do you have a permanent disability? Y N

Are you a protected person or Convention Refugee? Y N

Academic Information

LESD Program Year: _____

Career Goal: _____

GPA in English: _____

Average GPA: _____

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:	

Transcript

Attach a copy of your JIBC transcript.

School/Community Involvement

What is your involvement in school/community/extra-curricular activities and how will your involvement contribute to what you can bring to this exchange program?

Reference

Students will be selected based on application and a panel interview. This individual should be qualified to speak to your leadership ability and community involvement. Your reference could be a teacher, principal, coach or supervisor but not a family member. Please provide the name and telephone number of the person who can provide a short reference below.

Referee's Name: _____ Phone: _____

Your title or relationship to the student: _____

Letter of Reference

A letter of reference must be provided for this award. The referee chosen should be qualified to speak to your leadership ability and community involvement. If you do not have a reference letter, please use the form provided on the award website. *Note: Your referee should not be a personal friend or 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

Please print and return the completed application, plus any documentation, to the Student Services (Registration) office.

Student Awards & Financial Aid Office
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