

Safetek Bursary

Personal Infor	mation				
First Name		_ Last Name			
Gender M	F T	D.O.B	D.O.B		
Apt/Unit/PO Box _			 		
Address					
City		_ Postal Code	e		
Phone #1		_ Phone #2 _			
Email					
JIBC Student #		_ Social Insu	rance #		
Citizenship Status		-			
Aboriginal	First Nations	Inuit	Métis	None	
	Other:				
Do you have a per	manent disability?	Y N			
Are you a protect	ad nerson or Conventio	n Refugee?	V N		

JIBC Program Name: Career Goal _____ **Previous Education:** High School Level Achieved: Name of School: Date Range Attended: Level Achieved: College / University Name: Date Range Attended: Vocational / Trade / Name: Level Achieved: Technical Date Range Attended: Level Achieved: Other Licenses / Name: Certificates

Academic Information

Date Range Attended:

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 Dependents			
Ages 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			
Which one statement best describes your current residency status?			
I have lived in British Columbia for 12 months or more			
I have lived in British Columbia for less than 12 months			
I am from another Canadian province or territory			
*Note: International students do not qualify for this award			
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 ves. 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 (<u>monthly</u>)	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 MONTHL Y INCOME	\$ (A)	\$

Please provide your current income, as of the date of this application. Do not include assets listed above.

INCOME (Current)

income (carrent)	
Savings after tuition costs	\$
Student loans (family/bank/government)	\$
Grants/Scholarships/Awards/Bursaries	\$
Other (specify)	\$
TOTAL CURRENT 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 Ex	
If yes, please provide your last tax year's gross income - below. Note: If this information is not available, plea	

Describe your current and expected financial situation. Outline some of the obstacles that you

may face during your studies and how this award will help. 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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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	-

If you are unable to complete the fillable form, please print and return the completed application, plus any documentation, to the financial aid office.

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

Email: financialaid@jibc.ca

Fax: 604.528.5653