

Financial Aid Office
Justice Institute of British Columbia
715 McBride Boulevard
New Westminster BC V3L 5T4
Email: financial aid @iibs ca

Email: financialaid@jibc.ca
Confidential fax: 604.528.5653

BC Provincial Emergency Assistance Fund

Confidentiality

Any information provided in this form, or in any related discussions, will be kept strictly confidential. Your personal information **WILL NOT** be provided to the Province and BC and will be de-identified before submission to the Ministry of Advanced Education, if requested by the Ministry.

Emergency Fund Eligibility Criteria

- non-repayable;
- for full and part-time students;
- for British Columbia domestic students;
- to address short-term, unplanned and unexpected financial hardship; and,
- for a range of flexible costs, including but not limited to, living expenses, food, travel, portable
 computers and other supports for students who do not already have the ability to study
 remotely.

Personal Information

JIBC Student #						
First Name				Last Name		
Gender	М	F	Т	D.O.B.		
SIN						
Do you self-declare as someone with Indigenous ancestry?			Υ	N		
Address						
City				Postal Code		
Phone 1				Phone 2		
Email						
Studies	Full Time Part Time					
Have you lived in BC for 12 months prior to starting your studies?			Υ	N		



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Purpose of Funding

submit additional page(s) i	ias led you to request	t emergency assistan	ice (pieuse

Financial Request Categories

Expenses	Approximate \$
Housing/Accommodation (e.g. rent, security deposit)	\$
Living Expenses (e.g. utilities, groceries, internet, child care, clothing)	\$
Family Crises/Community Obligations (e.g. illness/funeral of family member)	\$
Transportation and Vehicle Repairs (e.g. travel, gas, vehicle repairs, tires)	\$
Medical/Optical/Dental (e.g. eyeglasses, emergency dental and medical)	\$
Tutoring/School Equipment and Supplies (e.g. books, work boots, coveralls, school supplies, fees)	\$
Unexpected Personal Expenses (e.g. emergent expenses)	\$
Other (please describe)	\$
Total amount requested:	\$



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Additional Financial Infor	mation (check all	that apply)	
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Employment status	Full Time	Part	Time	Lai	d off/ Unemployed	
If you are currently employed full or part time how many hours per week?						
Are you receiving any income or experiencing a loss of income?						
Have you applied for:	EI	CERB	Oth		er Gov't Benefits for COVID-19?	
If yes for other benefits, what might that be?						

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 JIBC staff will review my application.

I give permission to JIBC Registration Office to provide any redacted information as required by the Ministry of Advanced Education.

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