

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	M	F	T	D.O.B.	
SIN					
Do you self-declare as someone with Indigenous ancestry?				Y	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?				Y	N

Additional Financial Information *(check all that apply)*

Employment status	Full Time	Part Time	Laid 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	Other 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