

## International Academic Excellence Award

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The award is for eligible international students enrolled full-time in the Post-Baccalaureate Diploma Disaster Management (PBDDM) program or the Primary Care Paramedic (PCP) program who have worked hard to achieve academic excellence.

Personal Information
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First name \_\_\_\_\_ Last name \_\_\_\_\_

Gender  M  F  T Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

JIBC student ID \_\_\_\_\_ Social Insurance # \_\_\_\_\_

Immigration status \_\_\_\_\_

Program of study \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

**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 dependants \_\_\_\_\_

Age 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

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 yes, how often (# hours/week): \_\_\_\_\_

<b>Financial Information</b>
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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 ( <b>monthly</b> )	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.)	\$	\$
<b>(A) TOTAL MONTHLY INCOME</b>	<b>\$ (A)</b>	<b>\$</b>

Please also provide about any other sources of income, as of the date of this application. Do not include assets listed above.

INCOME (Other Sources)

Savings after tuition costs	\$
Student loans (family/bank/government)	\$
Grants/Scholarships/Awards/Bursaries	\$
Other (specify) _____	\$
<b>TOTAL OTHER INCOME</b>	<b>\$</b>

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>(B) TOTAL MONTHLY EXPENSES</b>	<b>\$ (B)</b>

**Total Monthly Income (A) - Total Monthly Expenses (B) = \$ \_\_\_\_\_**



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 print and return the completed application, plus any documentation, to the financial aid office. It is preferable that you scan and email completed application. However you are also welcome to fax or mail the completed application as well.

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

Email: [financialaid@jibc.ca](mailto:financialaid@jibc.ca)  
Fax: 604.528.5653