

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

BLES/LESD International Exchange Scholarship

Personal Information			
First Name	_ Last Name		
D.O.B			
Apt/Unit/PO Box			
Address			
City	Postal Code	e	
Phone #1	_ Phone #2 _		
Email			
JIBC Student #	_ Social Insur	rance #	
Have you lived in BC for more than 12 coenrollment?	onsecutive mon	ths prior to th Y N	ne date of full-time
Citizenship Status	_		
Indigenous Ancestry First Nations	Inuit	Métis	None
Other:			
Do you have a permanent disability?		Y N	
Are you a protected person or Conventi	on Refugee?	Y N	

Academic Information	on	
LESD/BLES Program Year	:	
Career Goal:		
GPA in English:		
Average GPA:		
Applying for: University of	Portsmouth (LESD or BLES) Waterfo	ord Institute of Technology (LESD)
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:	
	al experience program you ha	· · · · ·
	Program Country	
From Year / Month		

To Year / Month_

Attach a copy of your <u>unofficial</u> JIBC transcript.
Personal Statement
Describe in essay format why you wish to participate in the academic exchange internationally What will you bring to the opportunity?

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?
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Reference Letters
Please provide the names of your Academic and Community Involvement Referees:
Academic Referee's Name:
Phone:
Organization:
Community Involvement Referee's Name:
Phone:
Organization:

Ensure that your request for a letter of reference has been made within a reasonable period of time to permit your referee enough time to return a letter by the application deadline.

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/certify 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.
- 4. I am applying to an international experience in a country from which I have NOT immigrated with in the past 10 years.
- 5. I will return to British Columbia after completing my international experience for further education or work.

I give permission to the JIBC Registration Office:

- 1. To use information from my Income Tax Return to verify information on my award application.
- 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.

		
ignature of Applicant	Date	

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

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