Financial Aid and Awards Office
Justice Institute of British Columbia
715 McBride Boulevard
New Westminster BC V3L 5T4
Email: financialaid@jibc.ca
Fax: 604.528.5653

Brennan Beltrano Memorial Bursary

The Brennan Beltrano Memorial Bursary was established in 2022 by Brennan's grandmother Concetta Bruna Pavan to support primary care paramedic (PCP) students at JIBC.

Brennan was a PCP student at the Chilliwack campus at the time of his passing and will be remembered for his work ethic and infectious smile. He was recognized posthumously with a Certificate in Primary Care Paramedicine in March 2022.

Born and raised in Kamloops, Brennan Beltrano had an adventurous spirit and loved downhill biking – the crazier the trail, the greater the thrill.

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Eligibility criteria:

- Canadian citizen, permanent resident, or have refugee status;
- Open to students enrolled in the Primary Care Paramedic Program at JIBC; and
- Students must demonstrate financial need not met by other available sources of funding including student loans, grants, sponsorship, work income, etc.

Personal Information

First name _____ Last name _____

Gender ☐ M ☐ F ☐ T Date of birth _____

Address _____

City _____ Postal code _____

Phone _____ Email _____

JIBC student ID _____ Social Insurance # _____

Immigration status _____

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): _____

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 (**monthly**)	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 MONTHLY INCOME	**$ (A)**	**$**

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) _____	$
TOTAL OTHER 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 Expenses (B) = $

Personal Statement

Please describe any exceptional circumstances that impact your ability to finance your studies and share how this award will help you. For example, exceptional medical expenses, child care expenses or paying fees for two residences in order to attend a particular JIBC campus. *Note: If there is any information that you feel was not reflected in this application, please include it in this section. (Please attach additional pages if required).*

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 JIBC Registration Office to verify any or all 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 return the completed application, plus any documentation, to the financial aid office. It is preferred that you scan, and email completed application. However, you are welcome to fax or mail the completed application.

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