

Fax: 604.528.5653

Helping Hand Bursary

The Helping Hand Bursary was established in 2023 and is funded by an endowment held by The JIBC Foundation. The endowment was funded by a donor who believed in JIBC's role in the province and wanted to assist students through awards.

Eligibility criteria:

Personal Information

Immigration status

- Canadian citizen, permanent resident, or have refugee status;
- Open to students enrolled in an eligible degree, diploma, or certificate program of 10 credits or more; and
- Demonstrate financial need not met by other available sources of funding including student loans, grants, sponsorship, work income, etc.

First name	Last name
Date of birth	
Address	
City	Postal code
Phone	Email
JIBC student ID	



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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 mortgage □ 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):



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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 (<u>monthly</u>)	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	\$



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EXPENSES (Monthly)

(B) TOTAL MONTHLY EXPENSES	\$ (B)
Other (specify)	\$
Non-refundable medical costs	\$
House repairs	\$
Car repairs	\$
Glasses/contacts	\$
Insurance (car/house/life)	\$
Medical/dental premiums	\$
Loans/credit payments	\$
Daycare (including subsidy)	\$
Miscellaneous	\$
Transportation	\$
Food	\$
Rent/Mortgage and Utilities	\$
EXPENSES (INIONLINIX)	T

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



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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 print and return the completed application and any documentation to one of the following options below.

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