



Karen Baker-MacGrotty Award

Personal Information

First Name _____ Last Name _____

Gender M F T

Apt/Unit/PO Box _____

Address _____

City _____ Postal Code _____

Phone #1 _____ Phone #2 _____

Email _____

JIBC Student # _____

Citizenship Status _____



**Justice
Institute**
BRITISH COLUMBIA

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

Academic Information

JIBC Program Name _____

Career Goal _____

Previous Education:

High School	Name:	Level Achieved:
	Date Range Attended:	Average GPA:
College/University	Name:	Level Achieved:
	Date Range Attended:	Average GPA:



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Transcripts

Attach a copy of your high school transcript and transcripts from any other post-secondary institutions that you have attended.

Letter of Reference – if applicable

Evidence of participation in The Royal Westminster Regiment.

Letter of Reference

Please provide the name and telephone number of the person who will be providing a letter of reference regarding school or community activities. This individual should be qualified to speak to your leadership ability and community involvement. Provide the attached reference form to your referee in sufficient time for them to return it by the deadline. Your reference could be a teacher, principal, coach or supervisor but not a family member.

Name: _____

Phone number: _____



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 selected I will be asked to provide my Social Insurance Number (SIN).
4. 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. You may scan, email, or fax your completed application.

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