



Jim and Vicki Chu Legacy Award

Personal Information

First Name _____ Last Name _____

Gender M F T D.O.B. _____

Apt/Unit/PO Box _____

Address _____

City _____ Postal Code _____

Phone #1 _____ Phone #2 _____

Email _____

JIBC Student # _____

Citizenship Status _____

LESD Students indicate which you are applying for:

- South East Technological University (Ireland)
- University of Portsmouth (United Kingdom)
- Both

BLES Students you are applying for the following Institution:

- University of Portsmouth (United Kingdom)

Academic Information

BLES/LESD Program Year: _____

Career Goal: _____

GPA in English: _____

Average GPA: _____

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:	

Transcript

Attach a copy of your **unofficial** JIBC transcript.

School/Community Involvement

What is your involvement in school/community activities? Describe how you have contributed as a leader in your sphere of influence and how will your involvement contribute to what you can bring to this opportunity? Please ensure you include organization name(s) and dates for your role(s). *(Please attach additional pages if necessary)*

Reference

This individual should be qualified to speak to your leadership ability and community involvement. Your reference could be a teacher, principal, coach or supervisor but not a family member. Please provide the name and telephone number of the person who can provide a short reference below.

Referee's Name: _____ Phone: _____

Referee's title or relationship to the student: _____

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. Students will be selected based on application and possibly a panel interview.
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.

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

Email: financialaid@jibc.ca

Application Submission Check List

- Application
- Unofficial Transcript
- Essay
- Referee contacted