



# JIBC

Submit to:  
Financial Aid Office  
Justice Institute of British Columbia  
715 McBride Boulevard  
New Westminster BC V3L 5T4  
Email: [financialaid@jibc.ca](mailto:financialaid@jibc.ca)  
Confidential fax: 604.528.5653

## Jim and Vicki Chu Legacy Award

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Personal Information
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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 # \_\_\_\_\_ Social Insurance # \_\_\_\_\_

Citizenship Status \_\_\_\_\_

Indigenous      First Nations      Inuit      Métis      None

Other: \_\_\_\_\_

Do you have a permanent disability?      Y      N

Are you a protected person or Convention Refugee?      Y      N

## 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 JIBC transcript.



## School/Community Involvement

What is your involvement in school/community/extra-curricular 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?

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## Reference

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

Your 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.

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

If you are unable to complete the fillable form, 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

Fax: 604.528.5653  
Email: [financialaid@jibc.ca](mailto:financialaid@jibc.ca)