

Submit to: Financial Aid Office Justice Institute of British Columbia 715 McBride Boulevard New Westminster BC V3L 5T4

Email: <a href="mailto:financialaid@jibc.ca">financialaid@jibc.ca</a>
Confidential fax: 604.528.5653

## **RBC Indigenous Youth 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 #	Social Insurance #
I am: □ Status □ Non-Status □ Mé	tis 🗖 Inuit
Do you have a permanent disability?	Y N

# JIBC Program Name (program must be a minimum of 10 credits) Program Start Date \_\_\_\_\_\_ Program End Date \_\_\_\_\_ Career Goal Previous Education: **High School** (name) (date completed) \_\_\_\_\_ Post-secondary (name) (date completed) (level achieved) \_\_\_\_\_ Other Licenses (titles) Financial Profile Please provide a brief outline describing how you are funding your program of study and how this award will help you financially with attending your program.

Academic Information

# In paragraph form, please describe how this award will make a difference in achieving your goals as it pertains to you as an Indigenous Youth advancing your education.

Personal Profile

# Community Involvement

Please outline your community involvement, including dates of involvement and explain how your contributions benefit your community. If you require additional space please submit an additional document.		
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Letter of Reference		
reference regarding school or com to your community involvement. F	hone number of the person who will be providing a letter of munity activities. This individual should be qualified to speak Provide the attached reference form to your referee in	
sufficient time for them to return i principal, coach or supervisor but r	t by the deadline. Your reference could be a teacher, 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.

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.

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Signature of Applicant	Date	
Please return the completed application, plus	any documentation, to one of the below:	
Student Awards & Financial Aid Office Justice Institute of British Columbia	Fax: 604.528.5653 Email: financialaid@jibc.ca	

Justice Institute of British Columbia
715 McBride Boulevard
New Westminster BC V3L 5T4