

Cambie Surgery Centre Award Reference Form

To the student: Please assist the person completing your reference form by completing the information below. Ensure that your request for a letter of reference has been made within a reasonable period of time to permit your referee enough time to return a letter by the application deadline.

Applicant's Name: ______

Applicant's JIBC Student Number: _____

Referee's Name: _____

To the referee: The above named student is applying to the JIBC for an award that will support the costs of their tuition and other expenses for their JIBC program. Please provide information on the student's community involvement and include how long you have known the student. Attach another page, if needed.

| Signature of referee | |
|----------------------|------|
| | Date |
| | |

Please return the completed form, plus any documentation, to one of the below:

Student Awards & Financial Aid Office Justice Institute of British Columbia 715 McBride Boulevard New Westminster BC V3L 5T4 Fax: 604.528.5653 Email: <u>financialaid@jibc.ca</u>