

## **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:
<b>To the referee</b> : The above named student is applying to the JIBC for an award that will support the costs of their tuition for their JIBC program. Please include how long you have known the student. Please specify an example of when you have known this student in their community/volunteering capacity to demonstrate competence, compassion, and a commitment to providing the best patient care possible. 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	Fax: 604.528.5653	
Justice Institute of British Columbia	Email: financialaid@jibc.ca	
715 McBride Boulevard		

New Westminster BC V3L 5T4