



# 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

## Fallen Paramedics Tribute Award

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### 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 # \_\_\_\_\_

Citizenship Status \_\_\_\_\_ Aboriginal (circle) First Nations Inuit Métis

Do you have a permanent disability? Y N

### Academic Information

Career Goal \_\_\_\_\_

Previous Education:

High School

(name) (date completed) \_\_\_\_\_

Post-secondary

(name) (date completed) (level achieved) \_\_\_\_\_

Other Designations or Licenses (titles)

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General Information
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Please describe when you wish to take your chosen program and how you see your education contributing to a healthier and safer community.

## Leadership Experience & Community Involvement

Please provide a brief summary of your current participation in activities that support your community. Include how long you have participated in these activities and how many hours per month you participate.

Please list your prior volunteer involvement for the past 5 years. Include how long you volunteered for and approximately how many hours per month you volunteered.

What is your career goal?

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## 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

Please return the completed application, 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: [financialaid@jibc.ca](mailto:financialaid@jibc.ca)