



# 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

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 \_\_\_\_\_

LESD Students indicate which you are applying for:

- Waterford Institute of Technology
- University of Portsmouth
- Both

BLES Students you are applying for the following Institution:

- University of Portsmouth

## 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 unofficial JIBC transcript.



**School/Community Involvement**

What is your involvement in school/community 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? Please ensure you include organization name(s) and dates for your role(s). *(Please attach additional pages if necessary)*

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**Reference**

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: \_\_\_\_\_

Referee's 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.
3. Students will be selected based on application and possibly a panel interview.
4. If I receive this award my name will be shared with the donor.

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 print and return the completed application, plus any documentation, to the financial aid office. You may scan, email, or fax your completed application.

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)

## Application Submission Check List

- Application
- Unofficial Transcript
- Essay
- Referee contacted