**JIBC Emergency Assistance Award**

Confidentiality

**Please note:**

Any information provided in this form, or in any related discussions, will be kept strictly confidential. Your personal information **WILL NOT** be shared and is collected solely for the purpose of allocating funds to you. Please note that it is a requirement of CRA to collect your SIN as the award is a taxable benefit.

Emergency Fund Eligibility Criteria

* non-repayable;
* for full and part-time students;
* for British Columbia domestic students;
* to address short-term, unplanned and unexpected financial hardship; and,
* for a range of flexible costs including, but not limited to, living expenses, food, travel, portable computers and other supports for students who have been impacted by an unforeseen circumstance.

Personal Information

|  |  |
| --- | --- |
| First name | Last name |
| Gender | Date of birth |
| Address | |
| City | Postal code |
| Phone | Email |
| JIBC student ID | Social Insurance Number |
| Immigration status | |

Purpose of Funding

Please briefly describe the circumstance(s) that has led you to request emergency assistance:

Please indicate the impact this situation has on your ability to maintain your studies with JIBC.

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Please list the expenses you have incurred due to this situation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Expense categories** |  |  | **Approximate $ amount** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |
|  |  |  |  | **$** |  |

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 the above statements if deemed necessary.

I understand that:

1. The JIBC staff will review my application.

Signature of Applicant Date

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

JIBC Financial Aid and Awards Office

715 McBride Boulevard

New Westminster BC V3L 5T4

Email: [financialaid@jibc.ca](mailto:financialaid@jibc.ca)

Fax: 604-528-5653