



## Joseph H. Cohen and Family Memorial Award

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The Joseph H. Cohen and Family Memorial Award provides support for students in the Law Enforcement Studies Diploma (LESD) or Bachelor of Law Enforcement Studies (BLES) programs at the Justice Institute of British Columbia (JIBC). This award was established by Josco Holdings Inc. in memory of Joseph H. Cohen, CM, OBC, LLD. In addition to being a successful business leader, Joseph Cohen was dedicated to his community, and especially to JIBC as an original member of the Board of Governors and champion of public safety.

### Eligibility criteria:

- Be a Canadian citizen, permanent resident or have refugee status;
- Award open to students enrolled in the Law Enforcement Studies Diploma (LESD) or Bachelor of Law Enforcement Studies (BLES) program at JIBC;
- Students must demonstrate involvement in school and/or community activities, especially volunteering (preference for experience volunteering with justice and public safety activities).

### Personal Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

JIBC student ID \_\_\_\_\_

Immigration status \_\_\_\_\_



**Additional Information**

Which of the following best describes your current situation?

- ☐ Single student with **no** dependants
- ☐ Married or in a common law relationship with **no** dependants
- ☐ Married or in a common law relationship with dependants
- ☐ Sole support parent

Number of dependants \_\_\_\_\_

Age of dependant(s) \_\_\_\_\_

Where will you be residing during your study period?

- ☐ With parent(s), **NOT** paying rent or mortgage
- ☐ With family, **NOT** paying rent or mortgage
- ☐ With spouse or friends, **NOT** paying rent or mortgage
- ☐ With parent(s), paying rent or mortgage
- ☐ With family, paying rent or mortgage
- ☐ With spouse or friends, paying rent or mortgage
- ☐ Alone paying rent
- ☐ Alone paying mortgage

Are you currently employed?    ☐ Yes    ☐ No

Name of Employer: \_\_\_\_\_

Hours of work per week: \_\_\_\_\_

Employment status: \_\_\_\_\_ (full-time, part-time, contract)

Are you planning to work during your program of study?    ☐ Yes    ☐ No

If yes, how often (hours/week): \_\_\_\_\_



### Financial Information

Please itemize your anticipated income and expenses for your period of study, per month. **Married or common-law students must list *entire* household income and expenses.**

INCOME ( <u>monthly</u> )	Prior to program start	During program
Work net income	\$	\$
Spouse's net income	\$	\$
Income from government source (EI, HRDC, etc.)	\$	\$
From family/sponsor/employer	\$	\$
Child support/spousal support	\$	\$
Daycare subsidy	\$	\$
Other income (band funding/ investments/interest/etc.)	\$	\$
<b>(A) TOTAL MONTHLY INCOME</b>	<b>\$ (A)</b>	<b>\$</b>

Please also provide about any other sources of income, as of the date of this application. Do not include assets listed above.

#### INCOME (Other Sources)

Savings after tuition costs	\$
Student loans (family/bank/government)	\$
Grants/Scholarships/Awards/Bursaries	\$
Other (specify) _____	\$
<b>TOTAL OTHER INCOME</b>	<b>\$</b>



EXPENSES (**Monthly**)

Rent/Mortgage and Utilities	\$
Food	\$
Transportation	\$
Miscellaneous	\$
Daycare (including subsidy)	\$
Loans/credit payments	\$
Medical/dental premiums	\$
Insurance (car/house/life)	\$
Glasses/contacts	\$
Car repairs	\$
House repairs	\$
Non-refundable medical costs	\$
Other (specify) _____	\$
<b>(B) TOTAL MONTHLY EXPENSES</b>	<b>\$ (B)</b>

Total Monthly Income (A) - Total Monthly Expenses (B) = \$ \_\_\_\_\_



## Personal Statement

[illegible]



## Community Involvement

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



## 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 JIBC Registration Office to verify any or all 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. 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.

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Signature of Applicant

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Date

Please print and return the completed application and any documentation to:

Financial Aid and Awards Office  
Justice Institute of British Columbia  
715 McBride Boulevard  
New Westminster BC V3L 5T4

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