Submit to:
Financial Aid Office
Justice Institute of British Columbia
715 McBride Boulevard
New Westminster BC V3L 5T4
Email: financialaid@jibc.ca
Confidential fax: 604.528.5653

# Stephen Gamble and Family Award

## 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: _____

## Academic Information

JIBC Program Name

_____

Career Goal _____

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: | |

## Additional Information

Which of the following best describes your current situation?

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

Number of dependants _____

Ages of dependant(s) _____

Where will you be residing during your study period?

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

Which one statement best describes your current residency status?

- o I have lived in British Columbia for 12 months or more
- o I have lived in British Columbia for less than 12 months
- o I am from another Canadian province or territory

Are you currently employed? Yes No

Name of Employer: _____

Hours of work per week: _____

Employment Status: Full-time Part-time Contract Other: _____

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 (**monthly**) | 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.) | $ | $ |
| **(A) TOTAL MONTHLY INCOME** | **$ (A)** | **$** |

Please provide your current income, as of the date of this application. Do not include assets listed above.

INCOME (Current)

| | |
|---|---|
| Savings after tuition costs | $ |
| Student loans (family/bank/government) | $ |
| Grants/Scholarships/Awards/Bursaries | $ |
| Other (specify) _____ | $ |
| **TOTAL CURRENT INCOME** | **$** |

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) TOTAL MONTHLY EXPENSES** | **$ (B)** |

**Total Monthly Income (A) - Total Monthly Expenses (B) = $_____**

## Personal Statement

Please describe any exceptional circumstances that impact your ability to finance your studies and share how this award will help you. For example, exceptional medical expenses, child care expenses or paying fees for two residences in order to attend a particular JIBC campus. *Note: If there is any information that you feel was not reflected in this application, please include it in this section. (Please attach additional pages if required).*

## Community Involvement

Please list and describe the school and / or community activities, especially volunteering, with which you have been involved. Please ensure you include organization name(s) and dates for your role(s) and hours per week. (Please attach additional pages if required).

## Reference

Please provide the name and telephone number of the person who will be providing a letter of reference. This individual should be qualified to speak about your community involvement. Provide the reference form to your referee in sufficient time for them to return it by the deadline. Your reference could be a teacher, principal, coach or supervisor but not a family member.

Referee's Name: _____ Phone: _____

Title or relationship to the student: _____

## 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. 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