



CICan PAUL AND GERRI CHARETTE BURSARY PROGRAM

LETTER OF SUPPORT

Student Financial Aid and Awards

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

E sawards@bcit.ca **T** 604.432.8555 **W** bcit.ca/finaid

Choose THREE referees who know you well. This can include a past or current employer, a teacher, a college administrator, a member of a community or campus organization, someone involved in student services or a faculty member. The referees should not be a family member or personal friend. Complete the top section then submit the form to your referees.

First Name	Last Name	<input type="checkbox"/> Mr
		<input type="checkbox"/> Ms
BCIT Student Number	BCIT program you have applied to	

REFEREE TO COMPLETE – SIGNATURE REQUIRED BELOW

The applicant is applying for the CICan Paul and Gerri Bursary Program. Please provide your comments related to the applicants accomplishments, leadership, involvement in their community/school and a description of their financial situation.

How long have you known this applicant?	In what capacity?
Signature (electronic signature accepted)	Date
Name of Referee	
Company or Organization Name	Title
Telephone	Email

Once complete, return the form to the applicant .