



THE NORMA ROSE POINT SUCCESS GRANT TRADE APPLICATION

Aboriginal Services

3700 Willingdon Avenue, Burnaby BC, V5G 3H2

T 604.432.8474 F 604.431.0724 E aboriginalservices@bcit.ca W bcit.ca/aboriginal



DESCRIPTION

Aboriginal Services is offering The Norma Rose Point Success Grant for each academic year. These grants are available to new and continuing Aboriginal students (with preference given to new applicants).

ELIGIBILITY CRITERIA

- > Accepted into any full-time BCIT credential program or a part-time 12 credit program completed in 12 weeks.
- > Registered with the BCIT Aboriginal Services.

ELIGIBILITY CONDITIONS

- > A recipient can receive the grant once per calendar year.
- > A recipient will remain registered as full-time student during the academic period for which a grant is given.
- > A recipient will maintain satisfactory academic standing that includes attendance and grades, during the academic period for which a grant is given.

SELECTION CRITERIA

Applicants will be adjudicated on their complete application.

- > Personal and career development
- > Volunteer experiences
- > Involvement in Aboriginal culture
- > Letter of reference

APPLICATION CHECKLIST

- (Form A) Complete Applicant Information
- (Form B) Complete Personal Statement
- (Form C) Submit a letter of reference.
- Provide a copy of your BCIT letter of acceptance, located my.bcit.ca (myCommunication folder)
- Register with the Aboriginal Services

DEADLINE AND NOTIFICATION

Applications will be accepted at 4:00 pm on the last Monday of April, September and January.

Directory of Records Classification 3555-20.



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FORM A

Application Instructions: Please print legibly and sign with an ink pen.

APPLICANT INFORMATION

<input type="checkbox"/> Male <input type="checkbox"/> Female	Last Name	First Name	Middle Name
Address (No. and Street Name, Unit #)			
City	Province	Postal Code	
Phone	Cell	BCIT ID #	
Email			
Social Insurance Number (required for income tax purposes)		Date of Birth (dd/mm/yyyy)	
Citizenship <input type="checkbox"/> Canadian Citizenship <input type="checkbox"/> Permanent Resident	Registered <input type="checkbox"/> BCIT Aboriginal Services		
Name of BCIT program you have applied to			
Program Start Date (dd/mm/yyyy)		Program End Date (dd/mm/yyyy)	
Have you applied to this grant before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, when?		How much did you receive?	
Name of Instructor		Instructor Phone Number	Instructor Email Address

CONSENT

BCIT Aboriginal Services collects your personal contact information and referee's information in order to award The Norma Rose Point Success Grant. For students who have received the grant, BCIT may use your name, photo image, community of residence, BCIT program name, award name or criteria in publicizing BCIT awards. You may contact BCIT's Privacy and Records Management Office for more information about BCIT's protection of personal information.

I hereby declare that the information I have submitted on this application is true and correct. I understand that BCIT has a right to cancel this application if the information contained in it has been misrepresented.

Applicant Signature	Date
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FORM B

PERSONAL STATEMENT

Application Instructions: Please print legibly or preferably attach a Word document that answers each question below.

Share examples that outline your commitment to personal and/or career development. (What has motivated you to attend BCIT? What are your goals & values?)

Share examples of your volunteer experience and how has that changed you?

What does Aboriginal cultural mean to you and/or how are you involved in your community?

How will The Norma Rose Point Success Grant help you?



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FORM C

REFERENCE FORM (Must not be provided by a member of your immediate family)

Last Name	First Name
BCIT Program	BCIT Student Number

REFEREE TO COMPLETE

The applicant is applying for The Norma Rose Point Success Grant. Recipients must demonstrate commitment to personal and/or career development, volunteerism in the community and/or involvement in Aboriginal culture.

Applicant instructions: Please provide your comments supporting the above in this form below. Please print legibly or preferably attach a Word document that answers all the questions below.

How long have you known the applicant?	Name
In what capacity? (mentor, supervisor, friend, coworker)	Job Title
Company or Organization	
Date	Phone