UBC Post Care Tuition Waiver Application Form

Tuition waivers are offered by the University to assist students who are former Youth in Care as defined by the Child, Family and Community Service Act. The waiver is intended to enable these students to begin and continue their studies at the University in a full-time program leading to their first undergraduate degree. The waiver will cover the full cost of tuition.

Who is eligible?

Applicants, who are residents of British Columbia and have lived as a Youth in Care (as defined below) in BC and are normally enrolled in full-time studies (60% of a full-time course load or 40% of a full-time course load for those registered with Access & Diversity) and have financial need.

As defined by the Child, Family and Community Service Act, a Youth in Care is someone who has been one of the following:

- In the continuing custody of the director under the Child, Family and Community Service Act or a delegated Aboriginal agency for at least one year between the ages of 12 and 19;
- In the guardianship of a director as referred to in the Family Law Act for at least one year between the ages of 12 and 19;
- Under a Youth Agreement at their 19th birthday OR
- In the temporary care of the director under the Child, Family and Community Service Act or a delegated Aboriginal agency for a minimum period of three years between the ages of 12 and 19.

How do I apply?

- Please complete and sign this form and email it to chris.rambaran@ubc.ca or drop it off in person at:

  Vancouver campus
  Brock Hall | 1874 East Mall | Advisory Centre on the main floor.

  Okanagan campus
  University Centre 206Z – 3272 University Way | 2nd floor front desk
What programs can eligible students apply the tuition waiver to?

A tuition waiver may be applied to an eligible student’s first undergraduate degree (see the list below) or credit courses leading to an undergraduate degree through Access Studies.

**Eligible Programs on the Vancouver Campus**

- Bachelor of Applied Science
- Bachelor of Arts
- Bachelor of Commerce
- Bachelor of Dental Science (Dental Hygiene)
- Bachelor of Environmental Design
- Bachelor of Fine Arts
- Bachelor of International Economics
- Bachelor of Kinesiology
- Bachelor of Media Studies
- Bachelor of Medical Laboratory Sciences
- Bachelor of Music
- Bachelor of Midwifery
- Bachelor of Science
- Bachelor of Science in Forestry
- Bachelor of Science in Forestry Sciences
- Bachelor of Science in Nursing
- Bachelor of Science in Agroecology
- Bachelor of Science in Applied Biology
- Bachelor of Science in Wood Products Processing
- Bachelor of Science in Natural Resource Conservation
- Bachelor of Science in Food, Nutrition and Health
- Bachelor of Science in Global Resource Systems
- Bachelor of Social Work
- Bachelor of Urban Forestry

**Eligible Programs on the Okanagan Campus**

- Bachelor of Applied Science
- Bachelor of Arts
- Bachelor of Fine Arts
- Bachelor of Human Kinetics
- Bachelor of Management
- Bachelor of Media Studies
- Bachelor of Science in Nursing
- Bachelor of Science
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Student Information

Surname ____________________________________________________________

Given Name ___________________________ Middle Initial(s) ______________

UBC Student Number ___________________________

Date of Birth (YYYY/MM/DD) ___________________________ Home Phone ______________

Cell Phone ___________________________

Email address: __________________________________________________________

Additional Information

a) Do you plan to study at a reduced course load because you have a permanent disability?
   ☐ Yes ☐ No

b) Do you identify yourself as an Indigenous person of Canada?
   ☐ Yes ☐ No

c) Do you have children or other wholly dependent relatives?
   ☐ Yes ☐ No
   (if Yes, please indicate number of children and ages) ____________________________________

d) Will you be seeking housing on campus?
   ☐ Yes ☐ No

e) Will you be receiving funding through AYA?
   ☐ Yes ☐ No

f) Have you applied for the Centennial Award Program?
   ☐ Yes ☐ No

Academic Plan and Self-Care Plan

What are your educational goals? In addition, what do you plan to do for self-care?
Financial Circumstances

Provide details regarding your current financial circumstances and include any extenuating or unusual circumstances that affect your ability to fund your education. Additional documentation may be requested.

Please list all other financial awards, bursaries and scholarships that you expect to receive for the upcoming school year.

Extenuating Circumstances

If you do not meet the criteria outlined in the application, please provide us with comments supporting why you should be considered. Additional documentation may be requested.

Student Declaration

I acknowledge that the information provided on this application will determine my eligibility and need for the UBC Post Care tuition waiver administered by UBC and furthermore, that the information contained herein was, to the best of my knowledge, true and accurate at the time of application. I understand that UBC may verify information on my application and that misrepresentation of my personal and/or financial situation may result in the loss of tuition waiver eligibility and potentially further disciplinary action. I understand that my personal information is being collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act for the above purposes and that if I have any questions about the collection or use of this information, I may send them to chris.rambaran@ubc.ca.

I acknowledge that it is my responsibility to advise Enrolment Services on my campus if (a) if my financial situation changes due to receiving another award or for any other reason, and/or (b) there are any changes in the information provided on this application. I understand that if my financial situation changes, UBC retains the right to adjust my UBC Post Care Tuition Waiver accordingly.

Date (YYYY/MM/DD)          Signature
Authorization for Release of Information

I ________________________________, born on ________________________________
(Print name) (Print month, day, year)

Consent to the University of British Columbia (UBC) disclosing the information contained on this page to the Ministry of Children and Family Development (MCFD) for the purposes of confirming I am or was a child in care in British Columbia pursuant to the Child, Family and Community Service Act based on the eligibility criteria below:

Definition of Youth in Care:
As defined by the Child, Family and Community Service Act, a Youth in Care is someone who has been one of the following:

☐ In the continuing custody of the director under the Child, Family and Community Service Act or a delegated Aboriginal agency for at least one year between the ages of 12 and 19;

☐ In the guardianship of a director as referred to in the Family Law Act for at least one year between the ages of 12 and 19;

☐ Under a Youth Agreement at their 19th birthday OR

☐ In the temporary care of the director under the Child, Family and Community Service Act or a delegated Aboriginal agency for a minimum period of three years between the ages of 12 and 19.

I understand this information will be used to determine my eligibility and need for the University of British Columbia’s Youth in Care Tuition Waiver Program, as well as for consideration for potential financial support to be determined through the University.

This consent and authorization is valid for the current application only.

Please add here any other names or aliases you have used or been known by:
____________________________________________________________________________________________________
_______________________________________________    __________________________________
Student Signature                                                                         Date