2019/2020

Adult Upgrading Grant

ADULT UPGRADING GRANT

The Adult Upgrading Grant (AUG) provides needs-based support to students enrolled in Adult Education Programs. This grant helps cover costs associated with fees, books, unsubsidized childcare and transportation for students most in need of financial assistance. This grant also supports the cost of tuition for Adult Special Education programs.

WHO IS ELIGIBLE?

Applicants must:

- **Be a Canadian Citizen, permanent resident, or protected person**.
  - If you are not a Canadian Citizen, you must provide a copy of a Canadian immigration document (IMM 1000, IMM 5292, IMM 5509, permanent resident card, or other Canada issued documentation).
- **Be a B.C. resident**.
- **Be enrolled in one or more of the following approved course(s): Adult Basic Education, Adult Special Education, or English as a Second Language.**
- **Demonstrate financial need.**
  - You and your spouse (if applicable) must provide a copy of your previous year's tax return or other proof of income. If you are under the age of 22 and reside with your parent(s), your parent(s) must provide proof of income.
  - Income is defined by the amount of yearly income (line 150 of income tax return) and income derived from assets such as investments, rental property, and businesses inside and outside of Canada and monetary gifts.

Examples of proof of income may include:

- A copy of Notice of Assessment from Canada Revenue Agency
- Proof of income statement (option 'C' print)
- T4 Statement of Remuneration Paid
- T1 General (LINE 150)
- T5007 Statement of Benefits
- ROE Record of Employment
- PAY STUB
- T5 Statement of Investment Income
- Letter from employer(s) verifying income amount

HOW DO I APPLY?

To apply for the Adult Upgrading Grant, you must complete and sign the application. Once complete, you are required to attach all required information outlined above with the signed application and submit it to the Financial Aid Office at your post-secondary institution.

When completing the application, please refer to page 2 (Application Instructions) for additional information.

Please note: Section 7 of the application form is for Finance Aid Office use only. This section will be used to determine your grant amount.

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Application instructions

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

Question	Instruction
1-12	Please provide your most up-to-date information.
13	Identify your Marital Status; choose one of the choices provided that best describes your status. You are a ***single parent*** if you have custody of your child(ren), or your child(ren) live with you at least two days per week during your entire study period. Common-law relationship is a person with whom you are living in a marriage-like relationship at least 12 continuous months; s/he is the parent of your child by birth or adoption; or has custody and control of your child (or had custody and control immediately before the child turned 19 years of age) and your child is wholly dependent on this person for support.
14	Indicate whether you are a Canadian Citizen, Landed Immigrant/Permanent resident; or Protected Person/Convention Refugee. Note: you must attach a copy of the appropriate legal documentation (IMM 1000, permanent resident card, or other legal documentation) that confirms your status or that your application for permanent resident has been successful.
15-16	Indicate whether you identify yourself as an Indigenous person and Indigenous identity group (optional).
17	Identify that you meet the B.C. residency requirement. You are a B.C. resident if: • You have lived in B.C. all your life; or • B.C. is the province where you last lived for 12 continuous months, as of your study start date, not including months of full-time post-secondary study; or • You arrived in B.C. as a permanent resident or landed immigrant, or protected person.
18	Identify that you have a Person With a Disability (PWD) designation as determined by the Ministry of Social Development and Poverty Reduction. A confirmation from the Ministry of Social Development and Poverty Reduction indicating that you have a PWD designation may be required along with this application.
20	If ANY of the following criteria applies to you, check the "yes" box: "Yes" means you are an independent applicant. • You are 22 years of age or older; or • You are a single parent, common-law, married, divorced or widowed as indicated in question 13; or • You have a PWD designation as indicated in question 18; or • You do not currently live in your parent's or legal guardian's home. *Guardian means the person who is charged with the legal right and duty of care for a person, including children, due to the person's inability (due to age, mental or physical inability) to care for him/herself.* If you answered "No", it means you are a dependent applicant. Please have your parent(s) answer questions 22-24 where applicable.
21	If you answered 'yes' for question 20, please include: • Yourself • Your spouse/common-law partner • Your dependent children. If you answered 'no' for question 20, please have your parent(s) or legal guardian(s) complete this section to include: • The applicant (yourself) • Your parents • Your parents'/legal guardians' dependent children under the age of 19 and dependent children over 19 with special needs.
22-23	Enter line 150 from your 2018 income tax return. IF YOU DID NOT FILE INCOME TAX in 2018, go to question 23 and indicate your total income as shown in your proof of income. If you answered "No" for question 20, have your parent(s) answer questions 22-24 where applicable. If your income is above the income threshold listed in Section 2 and you received the AUG between April 1, 2018 and March 31, 2019, please see Financial Aid Office to confirm your eligibility.
24	Other sources of income include income derived from assets such as investments, rental property and businesses owned inside and outside of Canada, and monetary gifts.
25	The total of unsubsidized day-care cost is the amount of licensed childcare cost not covered by child care subsidy from other agencies or governments.
26	Enter the amount of travel cost needed in order to attend the registered course or program during the study period.
27	Indicate the school and campus where you will be attending this period of study. Indicate the type of course(s), the course dates and the number of course weeks. Course Type is categorized as follows: Adult Basic Education, English as a Second Language, Adult Special Education.

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SECTION 1: STUDENT INFORMATION

(01) Legal **LAST** NAME

(02) Legal **FIRST** NAME and **MIDDLE** Initial(s)

(03) MAILING ADDRESS – **IMPORTANT: All mail will be sent to this address**
Apt/box/suite number

(04) Use this line for any part of your address **not** indicated above

(05) CITY/TOWN

(06) PROVINCE

(07) POSTAL CODE

(08) AREA CODE ( ) TELEPHONE NUMBER -

(9) E-MAIL ADDRESS - Notifications MAY be sent to this address

(10) SOCIAL INSURANCE NUMBER

(11) DATE OF BIRTH
YEAR MONTH DAY

(12) STUDENT NUMBER

(13) Marital Status on the first day of classes

- ☐ Single
- ☐ Single Parent
- ☐ Married
- ☐ Common Law
- ☐ Divorced/Separated/Widowed

(14) Citizen Status:

- ☐ Canadian Citizen
- ☐ Landed Immigrant/Permanent Resident
- ☐ Protected Person/Convention Refugee

(15) Do you identify yourself as an Indigenous person, that is, First Nations, Métis or Inuit? (Optional) ☐ YES ☐ NO

(16) If you identify yourself as an Indigenous person, are you: (Optional) ☐ First Nations ☐ Métis ☐ Inuit

(17) Residency: Have you lived in B.C. for 12 continuous months, not including full-time post-secondary study? ☐ YES ☐ NO

(18) Do you have a Person With a Disability (PWD) designation? ☐ YES ☐ NO

(19) Will you be receiving a full-time BC-Canada integrated student loan for this study period? ☐ YES ☐ NO

(20) Select "YES" if ANY of the following criteria applies to you? ☐ YES ☐ NO

- You are 22 years of age or older;
- You are a single parent, married, common-law, divorced or widowed as indicated in question 13;
- You have a PWD designation as indicated in question 18;
- You do not currently live in your parent's home.

(21) If you answered "YES" for question 20, list your dependents (if applicable); if you answered "NO" have your parents list you and and your siblings (if applicable).

Name	Date of Birth	Was this dependent claimed on your 2018 tax return?
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO

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SECTION 2: INCOME (INSIDE AND OUTSIDE OF CANADA)

To be considered for the Adult Upgrading Grant, you must demonstrate financial need. Eligibility is determined based on income and family size.

Family Size	Income Level
1	$30,600
2	$47,275
3	$53,001
4	$61,200
5	$68,424
6	$74,955
7 or more	$80,960

If the amount on line 150 of your 2018 income tax return is above the income threshold and you received the AUG between April 1, 2018 and March 31, 2019, please see the Financial Aid Office to confirm your eligibility.

- DEPENDENT applicant must have parent(s) or legal guardian(s) complete the necessary income field.
- INDEPENDENT applicant must have spouse or common-law partner complete the necessary income field (if applicable).

	APPLICANT	PARENT(S)/ LEGAL GUARDIAN(S)	SPOUSE / COMMON-LAW PARTNER
(22) Reported income from line 150 of your 2018 income Tax Return. **Note: If you did not file a tax return in 2018, leave blank and proceed to question 23.**	$ _____ .00	Parent 1 $ _____ .00 Parent 2 $ _____ .00	$ _____ .00
Note: question 23 should be left blank if you answered question 22. You Must provide a copy of proof of income (see page 1). **(23) What was your gross income in 2018?** **(Include wages/earnings,Income Assistance, Employment Insurance benefits, Employment Program for Persons with Disabilities income (EPPD), and any other source of taxable income.)**	$ _____ .00	Parent 1 $ _____ .00 Parent 2 $ _____ .00	$ _____ .00
(24) Other sources of income (investments, rental property, businesses inside and outside of Canada, and monetary gifts). **Note: All additional sources of income must be declared. Eligibility is determined based on the total indicated on question 22 or 23 plus 24.**	$ _____ .00	Parent 1 $ _____ .00 Parent 2 $ _____ .00	$ _____ .00

It is the responsibility of the applicant to ensure that receiving the Adult Upgrading Grant does not impact Income Assistance and Employment Insurance eligibility.

SECTION 3: EXCEPTIONAL EXPENSES (Complete only if applicable)

(25) Enter the total unsubsidized day-care costs you need during class hours for the study period. $ _____ .00

(26) Enter the total amount of travel costs needed to get to your class during the study period. $ _____ .00

You may be required to provide documentation to support these estimate amounts.

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SECTION 4: APPLICANT DECLARATION

This is the declaration and Canada Revenue Agency consent form. Read the declaration carefully. If you do not understand it, ask for assistance at your financial aid office.

I am applying for financial assistance under the terms and conditions of the Ministry of Advanced Education, Skills and Training.

I. I understand that:

1. It is my responsibility to make sure the information on this application, and/or all the documents forming part of it is accurate;
2. The post-secondary institution will determine the amount of money I may be eligible to receive;
3. It is against the law to make false or misleading statements on this application or all documents forming part of it;
4. If I do not provide complete, accurate information or if I obtain or attempt to access financial assistance by fraudulent means, I will be denied the Adult Upgrading Grant;
5. All information is subject to audit and verification;
6. If I receive money and then it is discovered that my application, or documents forming a part of it, is not accurate, I may be required to repay all or part of the money. I will be required to do this if the mistake was made by me, my spouse/common-law partner, parent(s), legal guardian; and
7. If I receive the Adult Upgrading Grant financial assistance, a portion or all of the money may be sent directly to my school to pay educational fees.

II. I understand that by signing below it means:

1. I have read the instructions provided with this application;
2. I have accurately answered all questions on the application and all documents forming a part of it;
3. I certify that all information is complete and accurate and I have not altered or added to any of the pre-printed application;
4. I need student financial assistance to continue my education;
5. For the purposes of research and verifying information about this application and related documents, I agree to the collection, use and disclosure of my personal information between the Ministry of Advanced Education, Skills and Training, educational institutions, financial aid offices, First Nations governments/bands, and federal, provincial, municipal ministries/departments/agencies. This consent takes effect when I sign this Declaration.

Collection and use of information. The information included in this form and authorized above is collected and managed in accordance with Section 26 of the *Freedom of Information and Protection of Privacy Act* and under the authority of the *Canada Student Financial Assistance Act*, R.S.C. 1994, Chapter C-28 and the Ministry. The information provided will be used to determine eligibility for a benefit through the Ministry. If you have any questions about the collection and use of this information, contact Ministry of Advanced Education, Skills and Training, PO Box 9173, Stn Prov Govt, Victoria, BC V8W 9H7, call 1-800-561-1818 (toll-free in Canada/U.S.) or 250 387-6100 (outside North America).

(IMPORTANT DOCUMENT – READ, SIGN AND DATE)

	APPLICANT SIGNATURE	PRINT NAME	DATE SIGNED
X	MUST BE SIGNED	PRINT HERE	Y Y Y Y / M M / D D

CANADA REVENUE AGENCY CONSENT

For the purpose of verifying the data provided in this application for student assistance, I agree to the release, by the Canada Revenue Agency, to the Ministry of Advanced Education, Skills and Training (or a person delegated by the ministry), of taxpayer information from any portion of my income tax records that pertains to information given by me on any Ministry application. The information will be relevant to, and used solely for the purposes of determining and verifying my eligibility for the Adult Upgrading Grant. This authorization is valid for the two taxation years prior to the year of signature of this consent, the year of signature of this consent and for any other subsequent consecutive taxation year for which assistance is requested.

(IMPORTANT DOCUMENT – READ, SIGN AND DATE)

	APPLICANT SIGNATURE	PRINT NAME	DATE SIGNED
X	MUST BE SIGNED	PRINT HERE	Y Y Y Y / M M / D D

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SECTION 5: PARENT(S) OR LEGAL GUARDIAN(S) AND SPOUSE OR COMMON-LAW DECLARATION

I. I understand that:

1. The student will have access to information provided in this document;
2. Post-secondary institution will have access to information provided in this application form;
3. It is against the law to make false or misleading statements on this application or all documents related to it;
4. It is my responsibility to make sure the information on this application is accurate; and
5. All information is subject to audit and verification.

II. I understand that signing my name on this application form means:

1. I certify that the information I have given is correct and complete and that I have not altered or added to any of the Adult Upgrading Grant application and/or questions;
2. I have authorized the student to immediately notify the Financial Aid Office of the post-secondary institution of any increase in my income;
3. I consent to the exchange of information between the post-secondary institution and the Province of British Columbia about my financial status. This consent takes effect when I sign this declaration.

For the purposes of verifying information about this application, I agree to the collection, use and disclosure of my personal information between the Ministry of Advanced Education, Skills and Training, educational institutions, financial aid offices, First Nations governments/bands, and federal, provincial, municipal ministries/departments/agencies. This consent takes effect when I sign this Declaration.

Collection and use of information. The information included in this form and authorized above is collected and managed in accordance with Section 26 of the Freedom of Information and Protection of Privacy Act and under the authority of the Ministry. The information provided will be used to determine eligibility for a benefit through the Ministry. If you have any questions about the collection and use of this information, contact Ministry of Advanced Education, Skills and Training, PO Box 9173, Stn Prov Govt, Victoria, BC V8W 9H7, call 1-800-561-1818 (toll-free in Canada/U.S.) or 250 387-6100 (outside North America).

(IMPORTANT DOCUMENT – READ, SIGN AND DATE)

	APPLICANT SPOUSE SIGNATURE (IF APPLICABLE)	PRINT NAME	DATE SIGNED
X	MUST BE SIGNED	PRINT HERE	Y Y Y Y / M M / D D

	APPLICANT PARENT 1/LEGAL GUARDIAN SIGNATURE (IF APPLICABLE)	PRINT NAME	DATE SIGNED
X	MUST BE SIGNED	PRINT HERE	Y Y Y Y / M M / D D

	APPLICANT PARENT 2/LEGAL GUARDIAN SIGNATURE (IF APPLICABLE)	PRINT NAME	DATE SIGNED
X	MUST BE SIGNED	PRINT HERE	Y Y Y Y / M M / D D

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SECTION 5: (continued)

I agree to the release, by the Canada Revenue Agency, to the Ministry of Advanced Education, Skills and Training (or a person delegated by the ministry), of taxpayer information from any portion of my income tax records that pertains to information given by me on any Ministry application. The information will be relevant to, and used solely for the purposes of determining and verifying the student's eligibility for the Adult Upgrading Grant. This authorization is valid for the two taxation years prior to the year of signature of this consent, the year of signature of this consent and for any other subsequent consecutive taxation year for which assistance is requested.

(IMPORTANT DOCUMENT – READ, SIGN AND DATE)

	APPLICANT SPOUSE SIGNATURE (IF APPLICABLE)	PRINT NAME	DATE SIGNED
X	MUST BE SIGNED	PRINT HERE	Y Y Y Y / M M / D D

	APPLICANT PARENT 1/LEGAL GUARDIAN SIGNATURE (IF APPLICABLE)	PRINT NAME	DATE SIGNED
X	MUST BE SIGNED	PRINT HERE	Y Y Y Y / M M / D D

	APPLICANT PARENT 2/LEGAL GUARDIAN SIGNATURE (IF APPLICABLE)	PRINT NAME	DATE SIGNED
X	MUST BE SIGNED	PRINT HERE	Y Y Y Y / M M / D D

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SECTION 6: COURSE DETAILS

(27) Indicate the school and campus where you will be attending this period of study. Indicate the type of course(s), the course dates and the number of course weeks.

Name of Institution _____ **Campus** _____

Course Type	Course Code/Number	Course Name	Previously received funding for this course	Course Start Date	Course End Date	Number of Weeks
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			
			☐ Yes ☐ No			

SECTION 7: FOR FINANCIAL AID OFFICE USE ONLY

Adult Upgrading Grant Recommendation

Tuition (ASE only)	Fees	Books	Supplies	Transportation	Unsubsidized Daycare	Total Award
$	$	$	$	$	$	$

Important : All funded activity must be reported through the electronic reporting system

☐ APPROVED ☐ DENIED

Financial Aid Officer Comments

FINANCIAL AID OFFICER SIGNATURE	PRINT NAME	DATE SIGNED
MUST BE SIGNED	PRINT HERE	Y Y Y Y / M M / D D