



CONFIRMATION OF ELIGIBILITY FOR THE STRONGERBC FUTURE SKILLS GRANT (FSG)

Office of the Registrar

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Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to Okanagan College by email OCfutureskillsgrant@okanagan.bc.ca

COLLECTION AND USE OF PERSONAL INFORMATION

Your personal information on this form is collected by the institution you are attending under sections 26(c), 26(e), 27(1)(b) and 33(2)(d) of the B.C. Freedom of Information and Protection of Privacy Act. It will be used by the institution to manage, administer, and report on program enrolments and completions. It will be disclosed to the Ministry of Post-Secondary Education and Future Skills for administration, evaluation, accountability, and reporting purposes, including to determine your eligibility for funding under StrongerBC future skills grant (FSG).

SECTION A: PARTICIPANT INFORMATION*

Fields marked with an asterisk (*) are mandatory.

OC ID Number (if known)	Social Insurance Number (Required)	Birth Date (DD-MM-YYYY)*
Legal First Name (given name)*	Legal Last Name (family name)*	Maiden/Former Last Name
Preferred First Name	Gender*	
	<input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Answer	
Phone*	Personal Email Address*	
Home Mailing Address (number and street)*		
City*	Province (only BC residents eligible) BC	Postal Code*

SECTION B: STATUS IN CANADA*

SECTION C: ABORIGINAL STATUS*

Status in Canada* <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Protected person, as designated under the Immigration and Refugee Protection Act	Do you identify yourself as an Indigenous person?* <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you identify yourself as an Indigenous person, are you (please check all that apply): <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit

SECTION D: VISIBLE MINORITY*

SECTION E: DISABILITY*

Do you identify as a member of a visible minority group?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you identify yourself as a person with a disability?* <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION F: ELIGIBILITY*

SECTION G: PAST FUNDING*

I confirm that I am either 19 years of age or older, or have graduated from secondary school (or equivalent)	How much StrongerBC future skills grant (FSG) funding have you previously received?	\$
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SECTION H: INDIVIDUAL COURSE SELECTION

Complete this section if you want to take an individual course(s). See the OC FSG [Course Offerings](#) for course codes, start dates and campus locations. *Course must start between Sept. 1 and Dec. 31, 2023. If you want to complete a Certificate Program or Micro-credential, complete Section I.

Course Name	Course Code and Start Date	Campus

SECTION I: CERTIFICATE PROGRAM / MICRO-CREDENTIAL SELECTION

Complete this section if you want to complete a Certificate Program or Micro-credential. See the OC FSG [Course Offerings](#) for program start dates and campus locations. *Program must start between Sept. 1 and Dec. 31, 2023.

Certificate Program/Micro-credential Name	Certificate Program/Micro-credential Start Date	Campus

SECTION J: ACKNOWLEDGEMENT AND AGREEMENT*

I acknowledge and agree that:

I am only entitled to benefit from StrongerBC future skills grant (FSG) funding to a maximum lifetime amount of \$3,500.

I am responsible for paying back any amount of StrongerBC future skills grant (FSG) funding that has been provided in excess of this amount.

I am not receiving duplicative funding for this program, and I am not receiving funding from StudentAidBC for this program and course(s).

I understand that if I am receiving any federal or provincial benefit (such as Employment Insurance or BC Employment and Assistance), I must seek approval from the appropriate government body before participating in a program.

I understand that the StrongerBC future skills grant (FSG) benefits may have tax implications. I will consult the **Canada Revenue Agency (CRA)** for tax advice.

If I am a current WorkBC Employment Services client, I will work with my employment counsellor before I register with a public postsecondary institution.

I understand that if I require additional financial supports like living supports or daycare to attend training, I can contact my local WorkBC Centre 6-8 weeks in advance to determine if I am eligible.

The amount of StrongerBC future skills grant (FSG) funding that I have benefited from is subject to review and audit.

SECTION K: PARTICIPANT DECLARATION AND SIGNATURE*

1. I understand that submission of this form does not guarantee admission to a program or course, and that admission is subject to meeting OC's entrance requirements and space availability.
2. I agree to abide by the rules and regulations of OC as published on the OC website, and those of the department and program in which I shall be registered and any changes which may be made while I am a student at OC.
3. I certify that the information I have provided in this form is complete and accurate and may be verified by OC. I understand that falsifying any documents or information submitted will result in immediate cancellation of my admission or registration at OC.
4. I have read and understand the OC Protection of Privacy disclaimer at the top of this form.
5. I understand that OC will be sending communications in electronic format to my email.

Signature*	Date*
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OFFICE USE ONLY

Approved by:	Date
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