

# Adult Upgrading Grant

## ADULT UPGRADING GRANT

The Adult Upgrading Grant (AUG) provides needs-based support to students enrolled in Developmental Programs. This grant is intended to support the costs associated with tuition, fees, books, unsubsidized childcare and transportation for students most in need of financial assistance.

## STUDENT ELIGIBILITY

To be considered for the Adult Upgrading Grant, a student must meet all of the following criteria:

- You are a Canadian Citizen, permanent resident, or protected person.
- You are a BC resident. ?
- You are enrolled in one or more of the following approved course(s): Adult Basic Education, Adult Special Education, or English as a Second Language. ?
- You can demonstrate financial need. ?
- You have not exceeded the lifetime maximum of 156 weeks of Adult Upgrading Grant funding (previously called the Adult Basic Education Student Assistance Program - ABESAP).

## HOW DO I APPLY?

To apply for the Adult Upgrading Grant, you are strongly encouraged to complete the form electronically. If the form is completed electronically it will help to guide you through the questions and will eliminate those that are unnecessary to your application. Once complete, you are required to print and sign the application and submit it to the Financial Aid Office at your post-secondary institution. Please note that when you print, sign and submit the application, you are required to submit Section 8 of the application form. This will be used by the Financial Aid Office when determining your grant amount.

If you do not complete the form electronically, please print the form and complete sections 1, 2, 3, 4, 5, 6, and 7. Paper copies may also be available at the Financial Aid Office. Submit the completed paper application form to the Financial Aid Office of your institution. **Please note that when you sign and submit the application, you are required to submit Section 8 of the application form.** This will be used to determine your grant amount.

**APPLICATIONS MUST BE SUBMITTED TO THE FINANCIAL AID OFFICE AT YOUR SCHOOL**



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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. 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 (IMM1000 or a copy of your permanent resident card) or you must provide proof that you have applied for permanent resident status along with this application.
15-16	Indicate whether you identify yourself as an Aboriginal person and Aboriginal identity group (if applicable).
17	If ANY of the following criteria applies to you, check the "yes" box: <ul style="list-style-type: none"> <li>You are 22 years of age or older; or</li> <li>You are a single parent, common-law, married, divorced or widowed as indicated in question 13; or</li> <li>You have a PWD designation as indicated in question 19; or</li> <li>You do not currently live in your parent's or legal guardian's home.</li> </ul> <p><i>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.</i></p> <p>If you answered "No", have your parent(s) answer questions 22-24 where applicable.</p>
18	Identify that you meet the B.C. residency requirement for Eligibility. You are a resident of B.C. if: <ul style="list-style-type: none"> <li>You have lived in B.C. all your life; or</li> <li>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</li> <li>You arrived in B.C. as a permanent resident or landed immigrant, or protected person.</li> </ul>
19	Identify as a Person With a Disability (PWD) designation if: You have reached 18 years of age and have a severe mental (including a mental disorder) or physical impairment as determined by the Ministry of Social Development and Social Innovation. A confirmation from the Ministry of Social Development and Social Innovation indicating that you have a PWD designation may be required along with this application.
20	Enter the dependents declared in your tax return. If you answered 'yes' for question 17, please include: <ul style="list-style-type: none"> <li>Yourself</li> <li>Your spouse/common-law partner</li> <li>Your dependent children.</li> </ul> <p>If you answered 'no' for question 17, please have your parent(s) or legal guardian(s) complete this section to include:</p> <ul style="list-style-type: none"> <li>The applicant (yourself)</li> <li>Your parents</li> <li>Your parents'/legal guardians' dependent children under the age of 19 and dependent children over 19 with special needs.</li> </ul>
22-23	Enter line 150 from your 2015 income tax return. IF YOU DID NOT FILE INCOME TAX in 2015, leave question 22 blank and proceed to question 23. If you answered "No" for question 17, have your parent(s) answer questions 22-24 where applicable. If the amount on line 150 of your 2015 income tax return is above the income threshold listed in Section 2 and you received the AUG between April 1, 2015 and March 31, 2016, please see a Financial Aid Office to confirm your eligibility.
24	Other sources of income include the full net value of assets such as investments, property and business 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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# Adult Upgrading Grant

## 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

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

(5) **CITY/TOWN**

(6) **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
- Common-Law
- Divorced/Separated/Widowed
- Single Parent
- Married

(14) **Citizen Status:**

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

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

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

(17) **Identify that you are independent 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 19;
- You do not currently live in your parent's home.

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

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

(20) **Applicant and dependents**

Name	Date of Birth	Was this dependant claimed on your 2015 tax return?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

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



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## SECTION 2: INCOME (INSIDE AND OUTSIDE OF CANADA)

To be considered for the Adult Upgrading Grant, a student must demonstrate financial need. The Financial Aid Office will determine eligibility based on income thresholds and family size.

Family Size	Income Level	Income Level at 10% Above Threshold
1	\$24,144	\$26,558
2	\$30,059	\$33,065
3	\$36,955	\$40,651
4	\$44,866	\$49,353
5	\$50,887	\$55,976
6	\$57,392	\$63,131
7 or more	\$63,898	\$70,288

\*The threshold table is in effect for programs starting in fall 2016

Income is defined by the amount of yearly income (line 150 of income tax return) and the full net value of assets and monetary gifts inside and outside of Canada.

If the amount on line 150 of your 2015 income tax return is above the income threshold and you received the AUG between April 1, 2015 and March 31, 2016, 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
<b>(22) Reported income from line 150 of your 2016 income Tax Return.</b>  <b>Note: If you did not file a tax return in 2016, leave blank and proceed to question 23.</b>	\$ _____ .00	Parent 1 \$ _____ .00  Parent 2 \$ _____ .00	\$ _____ .00
<b>Note: question 23 should be left blank if you answered question 22.</b>  <b>(23) What was your gross income in 2016? (Include wages/earnings, Income Assistance, Employment Insurance benefits, Employment Program for Persons with Disabilities income (EPPD), and any other source of taxable income.)</b>	\$ _____ .00	Parent 1 \$ _____ .00  Parent 2 \$ _____ .00	\$ _____ .00
<b>(24) Other sources of income (e.g., monetary gifts).</b>	\$ _____ .00	Parent 1 \$ _____ .00  Parent 2 \$ _____ .00	\$ _____ .00

It is the responsibility of the student 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 during class hours for the study period.** \$ \_\_\_\_\_ .00

**(26) Enter the total amount of travel costs needed during class hours for the study period.** \$ \_\_\_\_\_ .00

You may be required to provide documentation to support these estimates amount.



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# Adult Upgrading Grant

## 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.

### 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 my disbursement 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 Ministry 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 and/or investigating information pertaining to this application, related documents, and any other money payable or repayable, I consent to the collection, use and disclosure of my personal information between the Ministry of Advanced Education, educational institutions, financial aid offices, First Nations governments/bands, and federal, provincial, municipal ministries/departments/agencies, including but not limited to: BC Ministry of Social Development and Social Innovation, B.C. Ministry of Children and Family Development, BC Assessment Authority, Land Title and Survey Authority of BC, Employment and Social Development Canada (ESDC), Immigration, Refugees and Citizenship Canada. 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, 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 )

 <p>APPLICANT SIGNATURE</p> <p><b>MUST BE SIGNED</b></p>	<p>PRINT NAME</p> <p><b>PRINT HERE</b></p>	<p>DATE SIGNED</p> <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>/</td><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td> </tr> </table>											Y	Y	Y	Y	/	M	M	/	D	D
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 hereby consent to the release, by the Canada Revenue Agency, to the Ministry of Advanced Education, (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 )

 <p>APPLICANT SIGNATURE</p> <p><b>MUST BE SIGNED</b></p>	<p>PRINT NAME</p> <p><b>PRINT HERE</b></p>	<p>DATE SIGNED</p> <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>/</td><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td> </tr> </table>											Y	Y	Y	Y	/	M	M	/	D	D
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. The student's 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 and/or investigating information pertaining to this application, I consent to the collection, use and disclosure of my personal information between the Ministry of Advanced Education and the following agencies: BC postsecondary institutions and its financial aid offices, First Nations governments/bands, federal, provincial, municipal ministries/departments/agencies, including but not limited to: BC Ministry of Social Development and Social Innovation, BC Ministry of Children and Family Development, BC Assessment Authority, Land Title and Survey Authority of BC, Canada Revenue Agency, Immigration, Refugees and Citizenship Canada. 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, 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 )

<b>X</b>	APPLICANT SPOUSE SIGNATURE (IF APPLICABLE)	PRINT NAME	DATE SIGNED
	MUST BE SIGNED	PRINT HERE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Y Y Y Y / M M / D D</small>
<b>X</b>	APPLICANT PARENT 1/LEGAL GUARDIAN SIGNATURE (IF APPLICABLE)	PRINT NAME	DATE SIGNED
	MUST BE SIGNED	PRINT HERE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Y Y Y Y / M M / D D</small>
<b>X</b>	APPLICANT PARENT 2/LEGAL GUARDIAN SIGNATURE (IF APPLICABLE)	PRINT NAME	DATE SIGNED
	MUST BE SIGNED	PRINT HERE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <small>Y Y Y Y / M M / D D</small>



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# Adult Upgrading Grant

## SECTION 6: CANADA REVENUE AGENCY CONSENT

For the purpose of verifying the data provided in this application for student assistance, I hereby consent to the release, by the Canada Revenue Agency, to the Ministry of Advanced Education (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.

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<b>X</b>	APPLICANT PARENT 1/LEGAL GUARDIAN SIGNATURE (IF APPLICABLE)  <b>MUST BE SIGNED</b>	PRINT NAME  <b>PRINT HERE</b>	DATE SIGNED <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y / M M / D D
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## SECTION 7: COURSE DETAILS

(27) Indicate the school and campus where the student 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
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

## SECTION 8: FOR FINANCIAL AID OFFICE USE ONLY

### Adult Upgrading Grant Recommendation

Tuition	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			