



Confirmation of Eligibility for the StrongerBC Future Skills Grant (FSG)

STUDENT INFORMATION			
Student Number:	Personal Education Number (if Known):	Date of Birth (DD/MM/YY):	
Legal First Name (Given Name):	Legal Last Name (Family Name):	Preferred First Name:	
Home Mailing Address:	City:	Province:	Postal Code:
Email Address:	Signature:	Date (DD/MM/YY):	

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

ELIGIBILITY	PAST FUNDING
<input type="checkbox"/> I confirm that I am either 19 years of age or older, or have graduated from Grade 12 (or equivalent). <input type="checkbox"/> I agree to provide my Social Insurance Number (SIN) at the time of registration to qualify for the Future Skills Grant funding.	How much StrongerBC future skills grant (FSG) funding have you previously received? \$ _____

COURSE INFORMATION
I intend to complete the following program: _____

Term	Course Number and Title (e.g. FMGT 1100 Accounting 1)	CRN (if known)

ACKNOWLEDGEMENT AND AGREEMENT
I acknowledge and agree that: <ul style="list-style-type: none"> <input type="checkbox"/> I am only entitled to benefit from StrongerBC future skills grant (FSG) funding to a maximum lifetime amount of \$3,500. <input type="checkbox"/> I am responsible for paying back any amount of StrongerBC future skills grant (FSG) funding that has been provided in excess of this amount. <input type="checkbox"/> I am not receiving duplicative funding for this program, and I am not receiving funding from Student Aid BC for this program and course(s). <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> If I am a current WorkBC Employment Services client, I will work with my employment counsellor before I register with a public post-secondary institution. <input type="checkbox"/> 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. <input type="checkbox"/> The amount of StrongerBC future skills grant (FSG) funding that I have benefited from is subject to review and audit.

OFFICE USE ONLY		
<table style="width: 100%;"> <tr> <td style="width: 50%; padding: 2px;">Approved By: _____</td> <td style="width: 50%; padding: 2px;">Date (DD/MM/YY): _____</td> </tr> </table>	Approved By: _____	Date (DD/MM/YY): _____
Approved By: _____	Date (DD/MM/YY): _____	

Collection
 Your personal information is collected by Douglas College under the authority of Section 27 (2) of the Freedom of Information and Protection of Privacy Act (FIPPA). The information will be used by the institution to manage, administer and report on program enrolments and completion. 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). If you have any questions about the collection, use, or disclosure of this information you may contact Jessica Maitland, Associate Registrar, at maitlandj1@douglascollege.ca