

# Student's Guide to filling in an Adult Upgrading Grant (AUG) Application Form

Make sure to use the correct year's AUG Application Form. The year refreshes every April.

**2023/2024**  
Page 3 of 8

**SECTION 1: STUDENT INFORMATION**

(01) Legal LAST NAME  
[Grid of 20 boxes]

(02) Legal FIRST NAME and MIDDLE Initial(s)  
[Grid of 10 boxes]

(03) MAILING ADDRESS – IMPORTANT: All mail will be sent to this address  
Apt./box/suite number  
[Grid of 20 boxes]

(04) Use this line for any part of your address not indicated above  
[Grid of 20 boxes]

(05) CITY/TOWN  
[Grid of 20 boxes]

(06) PROVINCE [Dropdown menu] (07) POSTAL CODE  
[Grid of 6 boxes]

(08) AREA CODE TELEPHONE NUMBER  
( [Grid of 3 boxes] ) [Grid of 3 boxes] - [Grid of 4 boxes]

(9) E-MAIL ADDRESS - Notifications MAY be sent to this address  
[Grid of 20 boxes]

(10) SOCIAL INSURANCE NUMBER  
[Grid of 9 boxes]

(11) DATE OF BIRTH (YYYY-MM-DD)  
YEAR MONTH DAY  
[Grid of 3 boxes] [Grid of 2 boxes] [Grid of 2 boxes]

(12) STUDENT NUMBER  
[Grid of 10 boxes]

(13) Marital Status on the first day of classes  
 Single  
 Married  
 Common Law (see definition, page 2)  
 Divorced/Separated/Widowed

(14) Citizenship Status (see instructions, page 2):  
 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, see page 2)  YES  NO

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

## Question 01 to 14 - Mandatory

- Information must match Douglas College's records. To update your information with Douglas College, go to myAccount >> Personal Information Tab
- Images of PR Card or Landing Documents are needed from those with Landed Immigrant, Permanent Resident and Protected Person/Convention Refugee status

## Question 15 and 16 - Optional

- Answer only if applicable

# Student's Guide to filling in an Adult Upgrading Grant (AUG) Application Form

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- (17) Are you a B.C. resident? (To answer this question, see page 2 for a definition of "B.C. resident.")  YES  NO
- (18) Do you have a Persons with Disabilities (PWD) designation? (See page 2 for more information.)  YES  NO
- (19) Do you receive the BC Bus Pass/Compass Card from the Ministry of Social Development and Poverty Reduction?  YES  NO

## Question 17 – Mandatory

- This question checks for your eligibility to qualify for AUG. Only B.C. residents are eligible

## Question 18 – Mandatory

- This question checks if you are an independent or dependent applicant
- If answered "Yes", must provide PWD designation letter or screenshot of Statement of (Disability) Benefits

## Question 19 – Mandatory

- This question checks if AUG should cover your U-Pass charge, if you are eligible for one
- Answer "Yes" only if you are using a red coloured bus pass (image below) to travel on public transport



- If you are using the red coloured bus pass, use the U-Pass Exemption Form to opt-out of the U-Pass program. Link to this form will be provided in the AUG approval email

# Student's Guide to filling in an Adult Upgrading Grant (AUG) Application Form

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

(21) Are you enrolled in a post-secondary level degree, diploma or certificate program?  YES  NO

(22) Are you an INDEPENDENT applicant? Select "YES" if ANY of the following criteria applies to you:

- You are age 22 or over
- You do not reside with your parent/legal guardian(s) (see definition of "legal guardian," page 2)
- You are married, common-law, divorced, separated, or widowed, as indicated in Question 13
- You are a parent or have one or more dependents (see definition of "dependents," page 2)
- You have a PWD designation, as indicated in Question 18

YES  NO

(23) Who are the members of your family, including yourself? Please list names and dates of birth (DOB).

(23A) – complete if you answered YES to Question 22		(23B) – complete if you answered NO to Question 22	
Applicant/Student (Yourself) Name:		Applicant/Student (Yourself) Name:	
Spouse/Common-Law Partner (if applicable) Name:	Date of Birth (YYYY-MM-DD)	Parent/Guardian 1 Name:	Date of Birth (YYYY-MM-DD)
Your dependents (if applicable) Name(s):	Date of Birth (YYYY-MM-DD)	Parent/Guardian 2 Name:	Date of Birth (YYYY-MM-DD)
		Your parent's other dependents (if applicable) Name(s):	Date of Birth (YYYY-MM-DD)

## Question 20 – Mandatory

- This question checks if you have other sources of funding in the same study period
- Answer “Yes” only if you are also applying for the Student Aid BC Full-time Student Loan in the same study period

## Question 21 – Mandatory

- Students in Vocational Education and Skills Training Programs (i.e. CAEP, CSCT, FRST, LIST) should answer “No”
- Answer “Yes” only if you are enrolled in a post-secondary level program

## Question 22 – Mandatory

- Answer “Yes” if any one of the 5 bullet points applies to you

## Question 23A or 23B – Mandatory

- Depending on your answer to Question 22, answer the appropriate section (i.e. either 23A or 23B)

# Student’s Guide to filling in an Adult Upgrading Grant (AUG) Application Form

## INSTRUCTIONS FOR ANSWERING QUESTION 24 OR 25

- If you answered "YES" to Question 22, you are an INDEPENDENT applicant. When answering Question 24 or 25, please enter:
  - Your income information, and
  - Your spouse or common law partner's income information (if you have one).
- If you answered "NO" to Question 22, you are a DEPENDENT applicant. When answering Question 24 or 25, please enter:
  - Your income information, and
  - Your parent/guardian(s)' income information.

	APPLICANT	PARENT OR LEGAL GUARDIAN(S)	SPOUSE OR COMMON-LAW PARTNER
<p><b>(24)</b> If you did not file 2022 taxes and/or cannot submit copies of your Notice of Assessment (NOA), leave this blank and go to Question 25.</p> <p>Enter the amount of income from line 15000 of your 2022 NOA/Tax Return. (If the amount is above the limits shown on Page 1 and you received the AUG during 2022, please see the Financial Aid Office to confirm your eligibility.)</p> <p>IMPORTANT: As explained on Page 1 ("How Do I Apply?"), when you submit your application, you must attach copies of Notice of Assessments (NOAs) for any income amounts you enter here.</p>	\$ _____ .00	Parent 1 \$ _____ .00  Parent 2 \$ _____ .00	\$ _____ .00
<p><b>(25)</b> If you answered Question 24, leave this blank.</p> <p>Enter your total income for 2022. You must include all income from INSIDE and OUTSIDE of Canada, including:</p> <ul style="list-style-type: none"> <li>• Wages/earnings</li> <li>• Income Assistance, Employment Insurance, and any other source of taxable income</li> <li>• Income from investments, rental property, businesses, and monetary gifts INSIDE and OUTSIDE Canada</li> </ul> <p>IMPORTANT: If you did not file 2022 taxes and/or cannot submit copies of your Notice of Assessment (NOA), you must submit a statement to explain why, as explained on Page 1 ("How Do I Apply?"). You may be asked to submit proof of the amounts you enter here. Your application may be declined if you cannot demonstrate financial need.</p>	\$ _____ .00	Parent 1 \$ _____ .00  Parent 2 \$ _____ .00	\$ _____ .00

## Question 24 and 25 – Mandatory. Answer 1 out of the 2 questions

- If you/your spouse/common-law partner (if an independent student) or you/your parents/guardian (if a dependent student) filed taxes with Canada Revenue Agency (CRA), answer Question 24
  - Where an amount is indicated, the person must provide the latest CRA’s Notice of Assessment (NOA) showing total income (Line 15000)
- If you/your spouse/common-law partner/parents/guardian did not file taxes with CRA, answer Question 25
  - The person(s) must submit a statement to explain why taxes were not filed

# Student's Guide to filling in an Adult Upgrading Grant (AUG) Application Form

(26) Enter the total daycare costs you need for your class(es) during the study period. You must access <a href="#">B.C.'s Affordable Child Care Benefit</a> prior to requesting childcare support from the AUG (see page 2).	\$ _____	.00
(27) Enter the amount of transportation costs you need to get to your class during the study period.	\$ _____	.00
(28) Enter the total amount of technology costs needed to complete coursework during the study period (up to \$500/yr).	\$ _____	.00

**You may be required to provide documentation to support these estimated amounts.**

### Question 26 – Optional

- Applicable to students with child(ren) attending daycare
- Enter amount of daycare costs you will be paying for the study period while you are attending class(es)
- Where an amount is indicated, you must provide daycare receipts and BC's Affordable Child Care Benefit statement showing amount of subsidy

### Question 27 – Optional

- Applicable to students taking in-person classes but are neither eligible for U-Pass nor ministry issued red bus pass
- Enter amount of transportation costs needed for the study period to travel back and forth for classes (using the [TransLink Fare Pricing Chart](#))

### Question 28 – Optional

- Applicable to students who need to purchase technology equipment or services such as internet, headphones, calculator, computer, etc
- Enter amount of technology costs you will incur for the study period
- If applying, must provide:
  - Letter to explain how the funds will be used and how it is relevant to your course/program, and
  - Invoices or receipts for items that had already been purchased or subscribed to or screenshot of equipment that you are planning to purchase showing its retail price

# Student's Guide to filling in an Adult Upgrading Grant (AUG) Application Form

(IMPORTANT DOCUMENT – READ, SIGN AND DATE)

<b>X</b>	<input type="checkbox"/> I understand.	APPLICANT NAME <input style="width: 100%;" type="text"/>	DATE SIGNED <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table> 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 agree to the release, by the Canada Revenue Agency, to the Ministry of Post-Secondary Education and Future Skills (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)

<b>X</b>	<input type="checkbox"/> I agree.	APPLICANT NAME <input style="width: 100%;" type="text"/>	DATE SIGNED <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table> Y Y Y Y / M M / D D												

## Section 4, Page 5 – Mandatory

- Student must read the terms listed on this page
- Check off “I understand” and “I agree” boxes in the 2 sections
- Write your name and date in both sections

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(IMPORTANT DOCUMENT – READ, SIGN AND DATE)

<b>X</b>	<input type="checkbox"/> I understand.	APPLICANT SPOUSE OR COMMON-LAW PARTNER NAME (IF APPLICABLE) <input style="width: 100%;" type="text"/>	DATE SIGNED <input style="width: 100%; height: 20px;" type="text"/> <small>Y Y Y Y / M M / D D</small>
<b>X</b>	<input type="checkbox"/> I understand.	APPLICANT PARENT/LEGAL GUARDIAN 1 NAME (IF APPLICABLE) <input style="width: 100%;" type="text"/>	DATE SIGNED <input style="width: 100%; height: 20px;" type="text"/> <small>Y Y Y Y / M M / D D</small>
<b>X</b>	<input type="checkbox"/> I understand.	APPLICANT PARENT/LEGAL GUARDIAN 2 NAME (IF APPLICABLE) <input style="width: 100%;" type="text"/>	DATE SIGNED <input style="width: 100%; height: 20px;" type="text"/> <small>Y Y Y Y / M M / D D</small>

## Section 5, Page 6 and 7 – Where applicable

- These 2 pages are for student's spouse/common-law partner or Parent/Legal Guardian, where applicable
- They must read the terms listed on these pages
- Check off "I understand" and "I agree" boxes in the 2 sections
- They must write their name and date in both sections

(IMPORTANT DOCUMENT – READ, SIGN AND DATE)

<b>X</b>	<input type="checkbox"/> I agree.	APPLICANT SPOUSE OR COMMON-LAW PARTNER NAME (IF APPLICABLE) <input style="width: 100%;" type="text"/>	DATE SIGNED <input style="width: 100%; height: 20px;" type="text"/> <small>Y Y Y Y / M M / D D</small>
<b>X</b>	<input type="checkbox"/> I agree.	APPLICANT PARENT/LEGAL GUARDIAN 1 NAME (IF APPLICABLE) <input style="width: 100%;" type="text"/>	DATE SIGNED <input style="width: 100%; height: 20px;" type="text"/> <small>Y Y Y Y / M M / D D</small>
<b>X</b>	<input type="checkbox"/> I agree.	APPLICANT PARENT/LEGAL GUARDIAN 2 NAME (IF APPLICABLE) <input style="width: 100%;" type="text"/>	DATE SIGNED <input style="width: 100%; height: 20px;" type="text"/> <small>Y Y Y Y / M M / D D</small>

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**SECTION 6: COURSE DETAILS**

**(29)** 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
Adult Basic Education (ABE)	CAEP 0201	Career Exploration and Planning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jan 3, 2024	Apr 11, 2024	15
Adult Basic Education (ABE)	CAEP 0202	Job Preparation and Maintenance	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jan 3, 2024	Apr 11, 2024	15
Adult Basic Education (ABE)	CAEP 0203	Interpersonal Skills for the Work	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jan 3, 2024	Apr 11, 2024	15
Adult Basic Education (ABE)	CAEP 0204	Job Search Skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jan 3, 2024	Apr 11, 2024	15
Adult Basic Education (ABE)	CAEP 0205	Job Search Skills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Jan 3, 2024	Apr 11, 2024	15
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Section 6, Page 8 – Mandatory**

- **Name of Institution** -Douglas College
- **Campus** - Location where courses are taking place. Write either New Westminster, Coquitlam, Online, or Hybrid
- **Table asking for Course Information** - You can work with the faculty member to fill out this section. An example on how to populate the course information is in the screenshot on the left



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## Submission of AUG Application

**Email:** Combine the complete AUG Application Form with all the required supporting documents into **One PDF File** and email it to [studentsuccess@douglascollege.ca](mailto:studentsuccess@douglascollege.ca) with the subject heading: [Your Name] [Student #] AUG Application Submission  
E.g. Mary Jane 300123456 AUG Application Submission

**In Person:** Bring the complete set of the hardcopy AUG Application Form with all the required supporting documents to Enrolment Services at either the New Westminster campus (S2700) or the Coquitlam campus (A1450).

## What to Expect After Submission of AUG Application

Douglas College will review your AUG application package for completeness and for eligibility. Once a decision is made, you will hear from us on the outcome and next action to take via an email. A decision can be made sooner for applications that come complete and with all the supporting documents.

## Contact

The faculty member working with you and/or your family/guardian will be your first point of contact.