

ADULT UPGRADING GRANT

The Adult Upgrading Grant (AUG) provides needs-based support to students enrolled in Adult Education Programs.

WHO IS ELIGIBLE?

Applicants must meet all of the four (4) criteria below. Applicants must:

1. Be a Canadian Citizen, permanent resident/ landed immigrant (with valid Permanent Resident card or landing document), or Protected Person/Convention refugee living in Canada.
2. Live in British Columbia. Eligible students must continue to reside in British Columbia while receiving AUG funding assistance for educational costs.
3. Be enrolled in one or more of the following approved courses: Adult Basic Education, Accessible Education and Training, or English as a Second Language.
 - There are a number of courses that may be eligible. Please discuss your course enrolment with your institution's Student Financial Aid Office to determine whether this application applies to you.
4. Have a family income under the threshold in the table below. Contact your Financial Aid Office if you have questions about this criteria.

Family Size	Income Level
1	\$33,180
2	\$47,275
3	\$57,469
4	\$66,360
5	\$74,192
6	\$81,274
7 or more	\$87,785

HOW DO I APPLY?

Step 1: Complete this application.

Step 2: Attach the required documents:

- Copies of 2025 Notice of Assessments (NOAs) from the Canada Revenue Agency for all income amounts entered in Question 24 (page 4). You must provide your NOA and (if applicable) the NOA for your spouse/common law partner or your parent/guardian(s). If you cannot provide the NOA(s), provide a statement to explain why.
- If you are not a Canadian Citizen, provide a copy of a Canadian immigration document (IMM 1000, 5292, 5509, permanent resident card, or other Canada issued documentation).

Step 3: Submit the application with the required documents to the Financial Aid Office at your post-secondary institution. The Financial Aid Office may contact you to request further information.

Step 4: Receive a decision from your Financial Aid Office. If your application is rejected, you can contact your Financial Aid Office to discuss an appeal.

WHAT EXPENSES ARE ELIGIBLE?

Expenses must be directly related to the course/program you are taking. The following expenses are eligible for the Adult Upgrading Grant:

- Mandatory Fees
- Books
- Supplies
- Technology
- Transportation
- Childcare
- Tuition for Accessible Education and Training



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Adult Upgrading Grant

Application Guide

ADDITIONAL GUIDANCE FOR ANSWERING THE APPLICATION QUESTIONS

13	<p>"Common Law" means you have cohabited with a person in a marriage-like relationship for at least one year (12 months) as of your first day of study.</p>
14	<p>If you are not a Canadian citizen, you must attach ONE of the following documents to confirm your immigration status:</p> <ul style="list-style-type: none"> • Confirmation of Permanent Residence (IMM 5292, IMM 5509, or IMM 5688) • Permanent Resident Card • Record of Landing (IMM 1000) <p>IMPORTANT: Landed immigrants who entered Canada under Investor and Entrepreneur programs are not eligible for the AUG. This includes immigration categories EN2 and NV5. Please provide an immigration document that shows your immigration category (example: Confirmation of Permanent Residence). Otherwise, you may be asked for additional documentation.</p>
15-16	<p>These questions are optional and help us understand how this grant is serving Indigenous students.</p>
18	<p>Select "YES" if you have a Persons With Disabilities (PWD) designation as determined by the Ministry of Social Development and Poverty Reduction.</p> <p>The Financial Aid Office at your institution may require confirmation from the Ministry of Social Development and Poverty Reduction indicating that you have a PWD designation.</p>
22	<p>Selecting "Yes" means you are an INDEPENDENT applicant. Only check yes if at least one item applies. Selecting "No" means you are a DEPENDENT applicant.</p> <p>Helpful Definitions:</p> <ul style="list-style-type: none"> • "Legal 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 themselves. • "Dependent(s)" are people, including children, for whom you claim the Canada Child Tax Benefit, or for whom a benefit is claimed on your income tax return.
26	<p>Only enter an amount here if you have child care costs above and beyond what is provided by B.C.'s Affordable Child Care Benefit. Your Financial Aid Office may request proof that you have accessed the benefit prior to requesting childcare support from the AUG.</p>



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SECTION 2: INCOME (INSIDE AND OUTSIDE OF CANADA)

IMPORTANT:

- It is the responsibility of the student to ensure that receiving the Adult Upgrading Grant does not impact Income Assistance and Employment Insurance eligibility.
- Eligibility for the AUG is based on financial need. The table on Page 1 shows the family income limits.
- INCOME means wages earned from working plus income derived from assets including investments, businesses and property owned inside and outside of Canada, and monetary gifts.

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:
 - o Your income information, and
 - o 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:
 - o Your income information, and
 - o Your parent/guardian(s) income information.

	APPLICANT	PARENT OR LEGAL GUARDIAN(S)	SPOUSE OR COMMON-LAW PARTNER
<p>(24) If you did not file 2025 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 2025 NOA/Tax Return. (If the amount is above the limits shown on Page 1 and you received the AUG during 2025, 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>(25) If you answered Question 24, leave this blank.</p> <p>Enter your total income for 2025. You must include all income from INSIDE and OUTSIDE of Canada, including:</p> <ul style="list-style-type: none"> • Wages/earnings • Income Assistance, Employment Insurance, and any other source of taxable income • Income from investments, rental property, businesses, and monetary gifts INSIDE and OUTSIDE Canada <p>IMPORTANT: If you did not file 2025 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

SECTION 3: EXCEPTIONAL EXPENSES (Complete only if applicable)

- (26)** Enter the total daycare costs you need for your class(es) during the study period. You must access [B.C.'s Affordable Child Care Benefit](#) 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 (up to \$250/semester). \$ _____ .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.

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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 Post-Secondary Education and Future Skills.

I understand that by ticking the box below, it means:

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;
7. If I receive the Adult Upgrading Grant, a portion or all of the money may be sent directly to my school to pay educational fees.
8. I have read the instructions provided with this application;
9. I have accurately answered all questions on the application and all documents forming a part of it;
10. I certify that all information is complete and accurate and I have not altered or added to any of the application;
11. I need student financial assistance to continue my education; and
12. 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 Post-Secondary Education and Future Skills, 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 the Ministry of Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria, BC V8W 9H7, call 1-800-561-1818 (toll-free in Canada/U.S.) or +1-778-309-4621 (outside North America).

(IMPORTANT DOCUMENT – READ, SIGN AND DATE)

X	<input type="checkbox"/> I understand.	APPLICANT NAME <input style="width: 95%; height: 30px;" type="text"/>	DATE SIGNED <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></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><td></td><td></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 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)

X	<input type="checkbox"/> I agree.	APPLICANT NAME <input style="width: 95%; height: 30px;" type="text"/>	DATE SIGNED <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></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><td></td><td></td> </tr> </table>													Y	Y	Y	Y	/	M	M	/	D	D		
Y	Y	Y	Y	/	M	M	/	D	D																		

SECTION 5: (continued)

I 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 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)

X	<input type="checkbox"/> I agree.	APPLICANT SPOUSE OR COMMON-LAW PARTNER NAME (IF APPLICABLE) <input type="text"/>	DATE SIGNED <input type="text"/> Y Y Y Y / M M / D D
	X	<input type="checkbox"/> I agree.	APPLICANT PARENT/LEGAL GUARDIAN 1 NAME (IF APPLICABLE) <input type="text"/>
X	<input type="checkbox"/> I agree.	APPLICANT PARENT/LEGAL GUARDIAN 2 NAME (IF APPLICABLE) <input type="text"/>	DATE SIGNED <input type="text"/> Y Y Y Y / M M / D D



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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
			<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 7: FOR FINANCIAL AID OFFICE USE ONLY

Adult Upgrading Grant Recommendation

Tuition	Fees	Books	Supplies	Technology	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

