

## 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 CNC by regoffice@cnc.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). If you have any questions about the collection, use or disclosure of this information you may contact the College of New Caledonia Privacy Office at 250-562-2131 extension 5665 or foipp@cnc.bc.ca.

#### SECTION A: PARTICIPANT INFORMATION

Fields marked with an asterisk (\*) are mandatory.

CNC ID Number (if known)	Phone:	Date of Birth (DD-MMM-YYYY)*
Legal First Name (given name)*	Legal Last Name (family name)*	Maiden/Formal Last Name
Social Insurance Number (SIN)**	<b>**Students are not eligible for funding if Social Insurance Number (SIN) is not provided.</b>	

#### SECTION B: ELIGIBILITY\*

☐ I confirm that I am either 19 years of age or older, or have graduated from Grade 12 (or equivalent).

#### SECTION C: 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 Student Aid BC 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 post-secondary 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 D: PARTICIPANT SIGNATURE\*

Signature*	Date (DD-MMM-YYYY)*
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#### OFFICE USE ONLY

Approved by:	Date (DD-MMM-YYYY)
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