

DEADLINE

Six weeks before your study period ends.

WHAT IS AN APPEAL?

An appeal is the process by which you have the opportunity to request a reconsideration of your assessed award. If you have had an exceptional circumstance that meets one or more of the criteria listed below and you have not received the maximum amount of funding for the application study period, you may submit an appeal request. Once evaluated, the appeal request may result in a change to your StudentAid BC award.

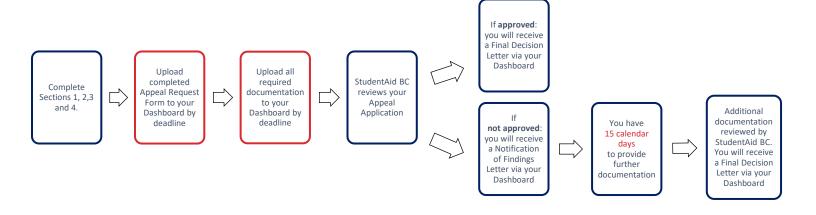
APPEAL CRITERIA

You can submit an appeal request for additional transportation allowance if one or more of the following criteria applies:

- There is no/limited local public transit where you live
- The travel is required due to special circumstances (e.g. work schedule, family transportation responsibilities or a requirement to live a significant distance from your post-secondary institution)
- Additional transportation for a clinical or practicum placement is required

APPEAL INSTRUCTIONS

- 1. Talk to a Financial Aid Officer at your school, they can help you with the appeal process. If you are unable to contact a Financial Aid Officer, contact StudentAid BC.
- 2. Review the Appeal Criteria.
- 3. Complete Sections 1, 2, 3 and 4.
- 4. Upload your completed Appeal Request Form and all required documentation to your StudentAid BC <u>Dashboard</u>.



Appeal Request Form starts on page 2.



APPEAL REQUEST FOR ADDITIONAL TRANSPORTATION ALLOWANCE

| _ | | | | | |
|--|----------------------------------|-------------------------------------|--------------------------------|-------------------------------------|----------|
| S | ECTION 1 – STUDENT | INFORMATION | | | |
| STUDENT'S SOCIAL INSURANCE NUMBER STUDENT'S APPLICATION NUMBER | | | | | |
| | | | | | |
| S | TUDENT'S LAST NAME | | | | |
| | | | | | |
| S | TUDENT'S FIRST NAME | | | MIDDLE INITIAL | |
| | | | | | |
| S | ECTION 2 – REQUIRED | DOCUMENTATION | | | |
| Υοι | umust submit all of the followi | ng documentation to your Studer | ntAid BC Dashboard to suppo | rt vour appeal request: | |
| | _ | - | • | ee page 1) and why you cannot mov | e |
| | closer to your school. | | | | |
| | All relevant supporting do | cumentation (work schedule, clir | nical or practicum information | n, etc.). | |
| | _ | | | | |
| | A copy of the vehicle insur | rance. | | | |
| • | YOUR ASSESSMENT WILL | BE DELAYED OR DENIED IF | YOU DO NOT SUBMIT A | ALL REQUIRED DOCUMENTAT | ION. |
| S | ECTION 3 – TRAVEL IN | NFORMATION | | | |
| 1. | Could you move closer to you | ur school for the same or less livi | ng costs? YES | NO | |
| | | | | | |
| | | this allowance. Do not complete | | n your letter (see required documer | utation) |
| | · | | | Tyour letter (see required documen | itation, |
| 2. | Provide cost information for | your monthly housing and motor | vehicle costs: | | |
| | RENT | \$.00 | GAS | \$.00 | |
| | KLIVI | \$.00 | GAS | \$00 | |
| | HYDRO | \$.00 | VEHICLE INSURANCE | \$.00 | |
| | - | | | | |
| | VEHICLE PAYMENT | \$.00 | VEHICLE UPKEEP | \$.00 | |
| | | | | | |
| 3. | Is public transit to your school | ol available in your neighbourhoo | od? YES N | 10 | |
| | | | | | |
| | If YES: Does public transit tal | ke more than two hours from you | ır neighbourhood | YES NO | |
| | to your school and back by the | he quickest/most direct route? | | TES NO | |
| 4 | Duning competited and all | | | . f | |
| 4. | school and back? | _ | neters you will travel each w | eek from your place of residence to | your |
| | | | | | |
| 5. | | to take your child(ren) to and fro | om daycare, please provide: | | |
| | The number of trips each | | | | |
| | Distance travelled: | Kilometers | | | |

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APPEAL REQUEST FOR ADDITIONAL TRANSPORTATION ALLOWANCE

| 6. | Are you the owner/lessee of the motor vehicle? YES NO | | | | | |
|--------|--|--|--|--|--|--|
| | Your insurance must support your usage of the vehicle. You must upload a copy of your insurance to your StudentAid BC <u>Dashboard</u> . | | | | | |
| 7. | Your driver's license number: | | | | | |
| 8. | Province or Territory: | | | | | |
| 9. | Are you the primary operator, but not the registered owner, of the vehicle? YES NO | | | | | |
| | You must upload a copy of your insurance to your StudentAid BC <u>Dashboard</u> . | | | | | |
| | If you are requesting the use of a vehicle only when you are in a practicum placement during your study period, please state the number of weeks in in your practicum: weeks | | | | | |
| 11. | Are you the only person using this vehicle to travel to and from a post-secondary institution? | | | | | |
| SE | CTION 4 – DECLARATION | | | | | |
| By su | ubmitting this request for an appeal, I understand that: | | | | | |
| • | All terms agreed to on my application will remain in force. | | | | | |
| • | StudentAid BC may consider information from prior applications in my appeal request. | | | | | |
| I cert | tify that information provided with this request is accurate and correct. | | | | | |
| × | CHECK PRINT STUDENT'S FIRST AND LAST NAME MM/DD/YYYY MARK | | | | | |

Collection and use of information: The information included in this form and authorized above is collected under Sections 26(c) and 26(e) 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 StudentAid BC. The information provided will be used to determine eligibility for a benefit through StudentAid BC and for statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Director, StudentAid BC, Ministry of Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria B.C., V8W 9H7, telephone

1-800-561-1818 (toll-free in Canada/U.S.) or +1-778-309-4621 from outside North America.

Upload completed Appeal Request Form and all required documentation to your StudentAid BC Dashboard at studentaidbc.ca/dashboard.

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