

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.

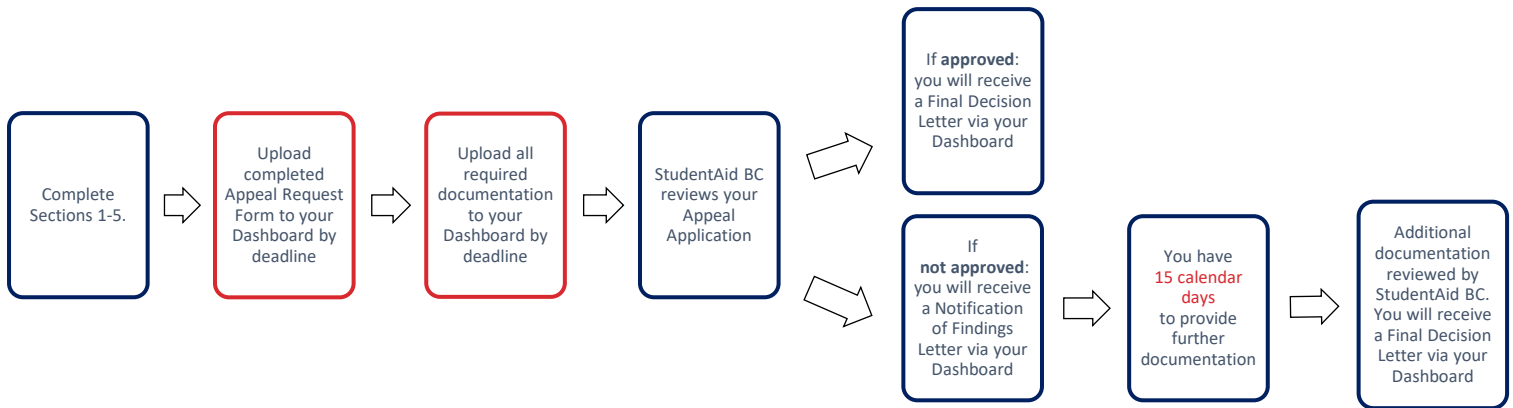
APPEAL CRITERIA

You can submit a credit screening appeal request if one or more of the following circumstances has impacted your credit history:

- Medical illness or injury that impacted your employment income
- Family emergency (e.g., death or injury) that impacted your ability to earn an income
- Natural Disaster that impacted your ability to earn an income
- Layoff, strike, lockout or other reduction in earnings beyond your control
- Other exceptional circumstance

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 1-5.
4. Upload your completed Appeal Request Form and all required documentation to your StudentAid BC [Dashboard](#).



Appeal Request Form starts on page 2.

SECTION 1 – STUDENT INFORMATION

STUDENT'S SOCIAL INSURANCE NUMBER	STUDENT'S APPLICATION NUMBER
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
STUDENT'S LAST NAME	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
STUDENT'S FIRST NAME	MIDDLE INITIAL
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SECTION 2 – REQUIRED DOCUMENTATION

You must submit all of the following documentation to your StudentAid BC [Dashboard](#) to support your appeal request:

- A letter** explaining:
 - The circumstances that resulted in a poor credit history.
 - The date your financial difficulties began.
 - What other financial options you have investigated to finance your post-secondary studies.

- All relevant supporting documentation**, such as:
 - A copy of your divorce papers/separation agreement.
 - A copy of your bankruptcy discharge papers.
 - Receipts for any exceptional expenses that led to your financial difficulties.
 - Medical documentation showing you can no longer be employed in your current occupation.
 - Proof of the amount of disability benefits you are receiving.
 - A copy of your layoff letter.
 - A copy of a financial report from a credit agency, obtained within the past 60 days.

YOUR ASSESSMENT WILL BE DELAYED OR DENIED IF YOU DO NOT SUBMIT ALL REQUIRED DOCUMENTATION.

SECTION 3 – MONTHLY EXPENSES

MORTGAGE/RENT	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	PHONE	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
SECOND MORTGAGE	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	DAYCARE	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
FOOD	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	TRANSPORTATION	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
MEDICAL	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	VEHICLE PAYMENT 1	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
DENTAL	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	VEHICLE PAYMENT 2	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
HYDRO	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	VEHICLE INSURANCE	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
CABLE	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	VEHICLE UPKEEP	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
WATER	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	GAS	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00
HEAT	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00	OTHER*	\$	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.00

*Itemize other expenses below:

SECTION 4 – TOTAL EXPENSES

TOTAL MONTHLY EXPENSES \$.00

All information is subject to verification and could result in an overaward if information is misreported.

TOTAL MONTHLY NET INCOME \$.00

SECTION 5 – DECLARATION

By submitting 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 certify that information provided with this request is accurate and correct.

X	CHECK MARK	PRINT STUDENT'S FIRST AND LAST NAME	MM/DD/YYYY
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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 Advanced Education and Skills Training, 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.