

**DEADLINE**

Six weeks before your study period ends.

**APPEAL CRITERIA**

You can submit an appeal request for exceptional expenses if you had exceptional expenses that created financial hardship that affected your ability to start or continue studies, such as:

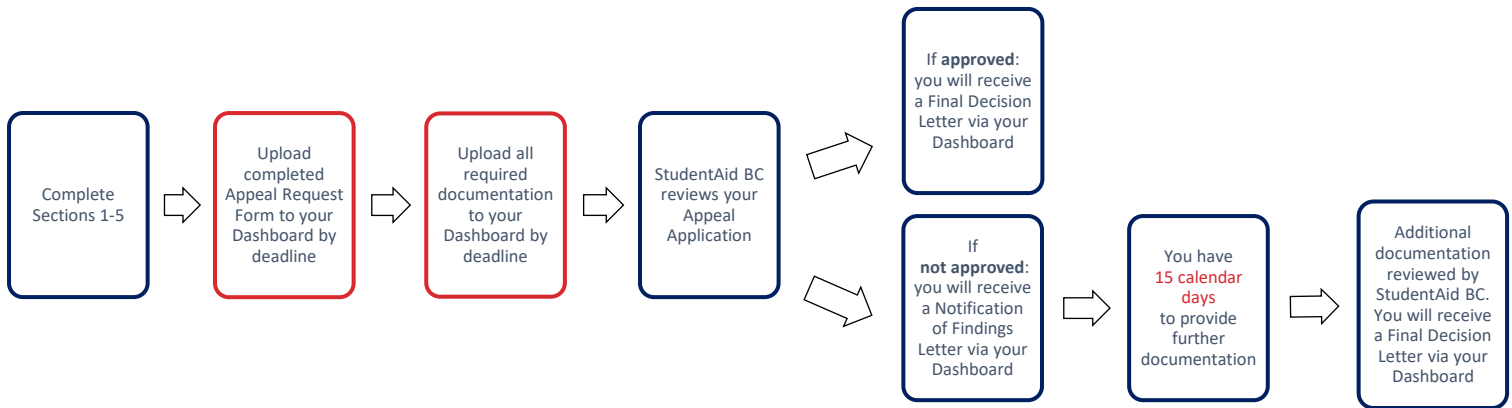
- Medical illness or injury
- Family emergency (e.g., death or injury)
- Natural disaster
- Unforeseen legal expenses
- Court-ordered payments
- Expenses related to your or your dependant’s permanent disability that are not covered by another funding source (uninsured)

Disability-related goods or services not covered by any other funding source may qualify as an exceptional expense. Items that are not considered in the initial financial need assessment but may be appealed include, but are not limited to:

- Disability-related medicine
- Specialized footwear and eyewear
- Special dietetic requirements
- Specialized apparel
- Attendant care and/or specialized transportation

**APPEAL INSTRUCTIONS**

1. Review the Appeal Criteria.
2. Complete Sections 1-5.
3. 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

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STUDENT'S LAST NAME

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STUDENT'S FIRST NAME

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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:

- Your exceptional expenses.
- When the exceptional expenses occurred.
- The amount of payment.
- Why these expenses were necessary during your study period.

**A copy of your medical/dental insurance plan**, if applicable. You must submit documentation from your insurance company verifying that this expense is not covered, and that your payment or a portion of your payment will not be reimbursed under your health plan. Maximum reimbursement allowances will be based on insurance company premiums. For example, if requesting reimbursement for the cost of new glasses, provide documentation that your prescription has changed and a breakdown of the cost of your glasses (e.g., \$50 for lenses, \$100 for frames, \$150 TOTAL).

**All relevant supporting documentation** of your expenses (payment receipts, a copy of your bank statement, cancelled cheques, etc.).

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

**SECTION 3 – MONTHLY EXPENSES**

MORTGAGE/RENT	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	PHONE	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
SECOND MORTGAGE	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	DAYCARE	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
FOOD	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	TRANSPORTATION	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
MEDICAL	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	VEHICLE PAYMENT 1	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
DENTAL	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	VEHICLE PAYMENT 2	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
HYDRO	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	VEHICLE INSURANCE	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
CABLE	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	VEHICLE UPKEEP	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
WATER	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	GAS	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
REPAIR COSTS	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00	MAJOR PURCHASES**	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00
OTHER*	\$	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							.00										

\*\*Copies of paid receipts for emergency purchases or repairs must be provided.

\*Itemize other expenses: \_\_\_\_\_

**SECTION 4 – TOTAL EXPENSES**

TOTAL MONTHLY EXPENSES      \$          .00

TOTAL MONTHLY NET INCOME      \$          .00

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

**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.

<b>X</b>	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, 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 (250)-387-6100 from outside North America.

**Upload completed Appeal Request Form and all required documentation to your StudentAid BC Dashboard at [studentaidbc.ca/dashboard](http://studentaidbc.ca/dashboard).**