

DEADLINE

Six weeks before your study period end date.

WHAT IS AN APPEAL?

An appeal is the process to request a reconsideration of your assessed award. If you have experienced an exceptional circumstance that meets one or more of the criteria listed below, you may submit an appeal request. Once evaluated, the appeal request may result in a change to your StudentAid BC award.

Note: You cannot increase your award through an appeal if you reach the maximum student loan or grant amounts.

APPEAL CRITERIA

If you and/or your spouse/common-law partner or your parent(s), step-parent(s), sponsor(s) or legal guardian(s) have had, or anticipate having, a significant decrease in income for the current year due to an exceptional circumstance(s), you may request an appeal for your application to be reassessed using this year's estimated income.

Exceptional circumstances include:

- COVID-19
- Medical illness or injury
- Family emergency (e.g., death or injury)
- Natural disaster
- Layoff, strike, lockout or other reduction in earnings beyond the family's control
- Other exceptional circumstance

Note:

- If funding has already been disbursed, changes resulting from a reassessment may result in an [overaward](#).
- If your income and/or your spouse/common-law partner's income or your parent(s)/step-parent(s)/sponsor(s)/legal guardian(s) income has not changed but an expense based on an exceptional circumstance has occurred, please use the [Appeal Request for Exceptional Expenses](#) form.

Parental Income Appeal

- If you are appealing the parental expected contribution from income as a result of exceptional circumstances, please complete this form, check off the box 'This is a Parental Income Appeal' at the top, and submit supporting documentation.
- Note: Parental expected contribution from income is calculated as one percent of the total net value of all eligible assets (excluding RRSPs, motor vehicles, principal residence and business/farm), in excess of a standard exemption of \$150,000. Divide this by the number of the parents' post-secondary dependants.

HOW TO CALCULATE INCOME

Your **Total Current Year Income** is your income for the calendar year in which you submitted your student financial assistance application. Add your actual income from the beginning of the calendar year up to the date of your application and your estimated income for the remainder of that calendar year to calculate your **Total Current Year Income**.

Income includes money received from employment, pension, investment income, rental, RRSP, foster parent, net professional income, workers' compensation, employment insurance and disability assistance from all sources inside and outside of Canada (convert foreign currency into Canadian dollars). Include any COVID-19-related taxable benefits, like the Canada Emergency Response Benefit (CERB) or the Canada Emergency Student Benefit (CESB), in your calculations. Use the same process to calculate spouse/common-law partner or parent(s)/step-parent(s)/sponsor(s)/legal guardian(s) income.

For example:

If you submitted your application on November 15, 2021, add your **actual income** for January 1, 2021 to November 15, 2021 to your estimated income for November 16 to December 31, 2021 to calculate your **Total Current Year Income**.

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. Upload your completed Appeal Request Form to your StudentAid BC [Dashboard](#).

Refer to the StudentAid BC [Policy Manual](#) for more information on appeals.

Appeal Request Form starts on page 3.

SECTION 1 – STUDENT INFORMATION (*required)

STUDENT'S SOCIAL INSURANCE NUMBER*

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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 – STUDENT INCOME INFORMATION (if applicable)

Only complete this section if you are an Independent Student. If you are a Dependent Student, your total income is not appealable as it is not used in the calculation to determine eligibility for funding.

Total Current Year Income: \$

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SECTION 3 – SPOUSE/COMMON-LAW PARTNER INFORMATION (if applicable)

SPOUSE/COMMON-LAW PARTNER SOCIAL INSURANCE NUMBER

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SPOUSE/COMMON-LAW PARTNER LAST NAME

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SPOUSE/COMMON-LAW PARTNER FIRST NAME

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MIDDLE INITIAL

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Total Current Year Income: \$

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SECTION 4 – PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN INFORMATION (if applicable)

PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN #1 SOCIAL INSURANCE NUMBER

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PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN #1 LAST NAME

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PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN #1 FIRST NAME

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MIDDLE INITIAL

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Total Current Year Income: \$

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PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN #2 SOCIAL INSURANCE NUMBER

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PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN #2 LAST NAME

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PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN #2 FIRST NAME

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MIDDLE INITIAL

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Total Current Year Income: \$

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SECTION 5 – EXCEPTIONAL CIRCUMSTANCE(S) (*required)

Select the exceptional circumstance(s) that applies to your appeal*:

COVID-19

MEDICAL ILLNESS or INJURY

FAMILY EMERGENCY (e.g., death or injury)

NATURAL DISASTER

LAYOFF, STRIKE, LOCKOUT OR OTHER REDUCTION IN EARNINGS BEYOND THE FAMILY'S CONTROL

OTHER EXCEPTIONAL CIRCUMSTANCE

Provide brief details:

SECTION 6 – DECLARATION (*required)

To be completed by the *student* and, if applicable, spouse/common-law partner or parent(s), step-parent(s), sponsor(s) or legal guardian(s)

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.

Confirmation by Student (required)*

X	CHECK MARK	PRINT STUDENT'S FIRST AND LAST NAME	MM/DD/YYYY
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Signature of Spouse/Common-Law Partner (if applicable)

X	SIGNATURE OF SPOUSE/COMMON-LAW PARTNER	PRINT NAME	MM/DD/YYYY
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Signature of Parent, Step-Parent, Sponsor or Legal Guardian #1 (if applicable)

X	SIGNATURE OF PARENT, STEP-PARENT, SPONSOR, OR LEGAL GUARDIAN	PRINT NAME	MM/DD/YYYY
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Signature of Parent, Step-Parent, Sponsor or Legal Guardian #2 (if applicable)

X	SIGNATURE OF PARENT, STEP-PARENT, SPONSOR, OR LEGAL GUARDIAN	PRINT 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 form to your
StudentAid BC Dashboard at studentaidbc.ca/dashboard.**

ALL INFORMATION IS SUBJECT TO VERIFICATION