

DEADLINE

Six weeks before your study period end date.

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.

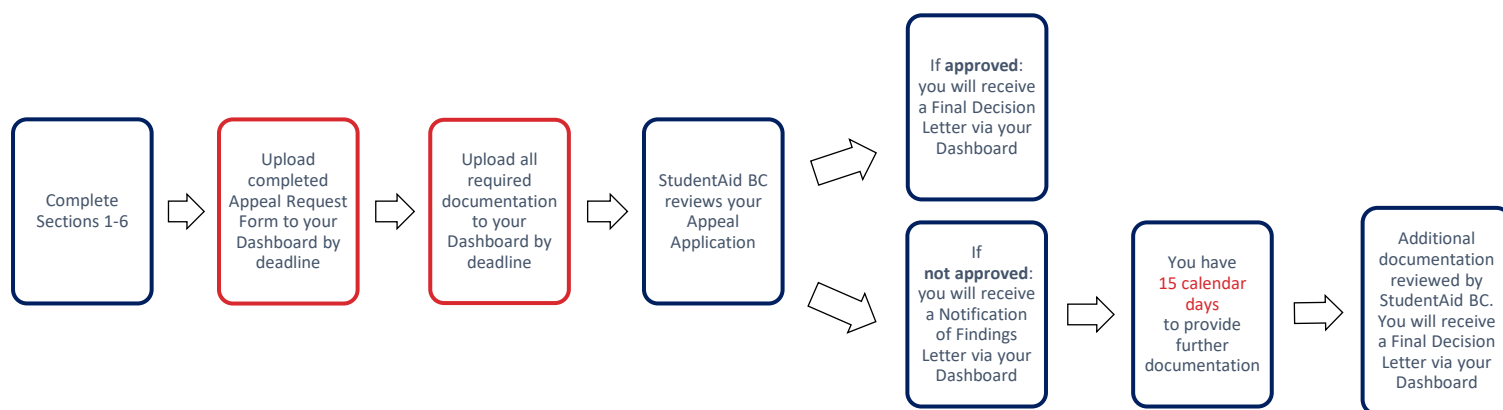
APPEAL CRITERIA

You can appeal your fixed contribution and/or parent, step-parent, sponsor or legal guardian contribution if one or more of the following criteria has significantly impacted your total family income* *within the past 12 months*:

- 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
- Recent marriage to a step-parent, where the step-parent has not assumed financial responsibility for you and does not claim you as a dependent on their taxes
- 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 1-6.
4. Upload your completed Appeal Request Form and all required documentation to your StudentAid BC [Dashboard](#).



Appeal Request Form starts on page 2.

*Total Family Income = your parent(s)/guardian(s)/sponsor(s) prior year total income (as was or would be reported on line 15000 of relevant T1 General Income Tax and Benefit Returns)

SECTION 1 – STUDENT INFORMATION

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 – REQUIRED DOCUMENTATION

You and your parent, step-parent, sponsor or legal guardian must submit all of the following documentation to your StudentAid BC [Dashboard](#) to support your appeal request:

☐

A letter. The letter must:

- Explain the circumstance(s) that meets one or more of the Appeal Criteria (see page 1).
- Provide an estimate of the individual's current year's total taxable income.

☐

All relevant supporting documentation of the circumstance(s) (medical records, letter from physician, record of employment, layoff or strike, invoices from damages, marriage certificate for step-parent appeal, etc.).

☐

All relevant supporting documentation of the current year's total taxable income (pay stubs, invoices, bank statements, Employment Insurance benefit statements, Record of Employment, etc.).

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

SECTION 3 – MONTHLY FAMILY INCOME (to be completed by the parent, step-parent, sponsor or legal guardian)

PARENT 1

\$

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 .00

GROSS MONTHLY WAGES

RENTAL INCOME

(e.g. room and board payments from student)

CHILD TAX BENEFIT

OTHER INCOME

DEDUCTIONS

TOTAL MONTH NET INCOME

PARENT 2

\$

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 .00

\$

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\$

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 .00

\$

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 .00

SECTION 4 – MONTHLY FAMILY EXPENSES (to be completed by the parent, step-parent, sponsor or legal guardian)

MORTGAGE/RENT \$

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 .00

SECOND MORTGAGE \$

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 .00

FOOD \$

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 .00

MEDICAL \$

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 .00

PHONE \$

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 .00

DAYCARE \$

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 .00

TRANSPORTATION \$

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 .00

VEHICLE PAYMENT 1 \$

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 .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: _____

SECTION 5 – TOTAL EXPENSES (to be completed by the parent, step-parent, sponsor or legal guardian)

TOTAL MONTHLY EXPENSES	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00	All information is subject to verification and could result in an overaward if information is misrepresented.
TOTAL MONTHLY NET INCOME	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00	

SECTION 6 – DECLARATION (to be completed by the *student* and parent, step-parent, sponsor or legal guardian)

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
	SIGNATURE OF PARENT, STEP-PARENT, SPONSOR, OR LEGAL GUARDIAN	PRINT NAME	MM/DD/YYYY

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 +1-778-309-4621 from outside North America.

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