

Appeal Request Form Instructions

PARENT, STEP-PARENT, SPONSOR, OR LEGAL GUARDIAN CONTRIBUTION

The financial needs assessment is conducted as per Chapter 7 (Financial Need Assessment Process) and maximum funding amounts can be found in Chapter 8 (Award Composition and Disbursement) of the 2017/2018 StudentAid BC Policy Manual, located here: https://studentaidbc.ca/sites/all/files/school-officials/policy_manual.pdf.

TOTAL FAMILY INCOME CALCULATION

Dependant student:

Total Family Income = Parental Income + Bursaries/Scholarships + Other Funding*

Independent student:

Total Family Income = Student and/or Spouse Income + Bursaries/Scholarships + Other Funding*

*Other Funding can be from relatives, RESPs, inheritances earmarked for education, etc.

APPEAL CRITERIA

The parent, step-parent, sponsor, or legal guardian contribution can be appealed if one of the following criteria has had a significant impact on your total family income:

- medical illness or injury;
- layoff, strike, lockout, or other reduction in earnings beyond their control;
- family emergency (e.g. death, injury, etc.) or natural disaster;
- recent marriage to a step-parent, where the step-parent has not assumed financial responsibility for the student and does not claim them as a dependent on their taxes; and/or
- other extraordinary circumstances.

REQUIRED DOCUMENTATION

For each of the individual(s) for whom the above criteria apply, (i.e. parent, step-parent, sponsor, or legal guardian), you must provide the following information:

- A letter describing the nature of the circumstances that meet one of the above criteria, with supporting documentation, (e.g. medical records, letter from physician, record of employment, layoff or strike, invoices from damages, marriage certificate (for step-parent appeal), etc.); and
- An estimate of the individual's current year's total taxable income with supporting documentation, (e.g. pay stubs, invoices, bank statements, Employment Insurance benefit statements, or a Record of Employment).

StudentAid BC cannot guarantee a final decision before your study period ends if all required documentation is not submitted by the appropriate deadline

DEADLINE: SIX WEEKS BEFORE STUDY PERIOD ENDS

For detailed instructions and potential outcomes from the appeal visit the [StudentAid BC website](#)

Submit complete form to SABC.AppealsUnit@gov.bc.ca

Appeal Request Form

PARENT, STEP-PARENT, SPONSOR, OR LEGAL GUARDIAN CONTRIBUTION

SECTION 1 – STUDENT INFORMATION

ALL QUESTIONS MUST BE ANSWERED IN INK.

(01) SOCIAL INSURANCE NUMBER

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(02) STUDENT'S LAST NAME

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(03) STUDENT'S FIRST NAME

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MIDDLE INITIAL

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MINISTRY DATE STAMP

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(04) APPLICATION NUMBER

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SECTION 2 – MONTHLY FAMILY INCOME (TO BE COMPLETED BY THE PARENT(S)/STEP-PARENT/SPONSOR/LEGAL GUARDIAN)

PARENT 1

\$

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 .00

GROSS MONTHLY WAGES

PARENT 2

\$

--	--	--	--	--	--

 .00

\$

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 .00

RENTAL INCOME

\$

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 .00

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

\$

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 .00

B.C. FAMILY BONUS, CHILD TAX BENEFIT

\$

--	--	--	--	--	--

 .00

\$

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 .00

OTHER INCOME

\$

--	--	--	--	--	--

 .00

\$

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 .00

DEDUCTIONS

\$

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 .00

\$

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 .00

TOTAL MONTH NET INCOME

\$

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 .00

SECTION 3 – MONTHLY FAMILY EXPENSES (TO BE COMPLETED BY THE PARENT(S)/STEP-PARENT/SPONSOR/LEGAL GUARDIAN)

MORTGAGE/RENT \$

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 .00

HYDRO \$

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 .00

SECOND MORTGAGE \$

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 .00

PHONE \$

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 .00

FOOD \$

--	--	--	--	--	--

 .00

CABLE \$

--	--	--	--	--	--

 .00

CLOTHING \$

--	--	--	--	--	--

 .00

WATER \$

--	--	--	--	--	--

 .00

MEDICAL \$

--	--	--	--	--	--

 .00

HEAT \$

--	--	--	--	--	--

 .00

DENTAL \$

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 .00

VEHICLE PAYMENT 1 \$

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 .00

OTHER* \$.00

VEHICLE PAYMENT 2 \$.00

*itemize other expenses and costs below:

TOTAL INSURANCE \$.00

TOTAL GAS \$.00

TOTAL VEHICLE UPKEEP \$.00

SECTION 4 – TOTALS (TO BE COMPLETED BY THE PARENT(S)/STEP-PARENT/SPONSOR/LEGAL GUARDIAN)

TOTAL MONTHLY EXPENSES \$.00

ALL INFORMATION IS SUBJECT TO AUDIT AND COULD RESULT IN AN OVERAWARD IF INFORMATION IS MISREPORTED

TOTAL MONTHLY NET INCOME \$.00

SECTION 5 – 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:

- 1) All terms agreed to on my application will remain in force.
- 2) 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	SIGNATURE OF STUDENT (IN INK) SIGN HERE	PRINT NAME PRINT HERE	DATE SIGNED YYYY / MM / DD
	SIGNATURE OF PARENT, STEP-PARENT, SPONSOR, OR LEGAL GUARDIAN (IN INK) SIGN HERE	PRINT NAME PRINT HERE	DATE SIGNED YYYY / MM / DD

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, 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.

