

Appeal Request Form

PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN CONTRIBUTION

USE THIS FORM IF YOUR APPEAL REQUEST IS RELATED TO CLASSES THAT BEGAN PRIOR TO AUGUST 1, 2017

You will need to refer to the [2016/2017 Policy Manual](#)

The Appeal Process

You can ask for an appeal of your assessment of financial need if circumstances set you apart from other students.

All appeal requests are reviewed by StudentAid BC staff, who will consider the information you provide and review your supporting documentation.

You must show that your circumstances differ significantly from other students.

The first steps

1. If you are attending a B.C. private school or a school outside B.C., contact StudentAid BC for help. If you are attending a public university, college or institute in B.C., we encourage you to discuss your situation with a financial aid officer at your school, as they can help with the appeal process.
2. Read the detailed information provided on the appeal forms.
3. Include a letter outlining your request, social insurance number, name and address, and attach all required documentation. Mail, fax, or email this information to StudentAid BC.

Your appeal request must include the following:

- A clear explanation of what you are appealing.
- What your situation is and why you are requesting an appeal.
- What makes your circumstances exceptional when compared with other students.
- How your circumstances prevent you from successfully completing your studies.
- What other funding options you have explored, such as part-time work, bursaries, scholarships, personal lines of credit.
- Documentation that supports your appeal.

In some cases, the appeal request will be referred to an independent appeal committee. The appeal committee includes members of the public, students, and financial aid officers from colleges, institutes and universities. Appeal committee recommendations are final. The committee will not consider submissions on policies that are not eligible for appeal.

Note: If your resources – such as student or spousal prestudy income, study period income or assets – have changed, please submit an Appendix 7: Request for Reassessment.

StudentAid BC contact information

Mailing Address:

PO Box 9173 Stn Prov Govt
Victoria BC V8W 9H7

Courier Address:

c/o StudentAid BC
1st Floor
835 Humboldt Street
Victoria BC V8V 4W8

If you are calling from

anywhere in Canada/U.S.
toll-free 1-800-561-1818

**If you are calling from
outside North America**

250 387-6100

Email Address:

SABC.AppealsUnit@gov.bc.ca

Fax number

250 356-9455

Toll-free fax number

1-866-312-3322

Appeal Request Form

Deadlines and Policies not eligible for appeal

Some policies and criteria are not eligible for appeal.

These include but are not limited to the following:

- Grants and/or loan funding for previous program years.
- Deadline for appeal, except where severe medical circumstances prevent submission by the deadline.
- Grant/loan overawards that result from an audit.
- Requests to issue student financial assistance **more than five months after** your study period ends.
- Standard allowances.
- Weekly maximums.
- 10-year maximum (520 weeks).
- B.C. Completion Grant.
- If the student is rehabilitated for student loans after a multiple withdrawal/unsuccessful appeal request and again withdrawals or is unsuccessful.
- Assets including stocks, shares, CSBs, RRSPs, RESPs, mutual funds, etc., unless legal reasons prevented you from selling these assets.
- Policies that are not eligible for appeal are also not eligible for consideration by the independent appeal committee.

Deadlines

Appeals submitted after the deadline will not be considered unless severe medical circumstances have prevented you from submitting the appeal, and all required documentation, on time.

- The deadline to request an appeal of an overaward, other than an overaward resulting from an audit, is 90 days from the date of the original letter mailed to you, advising you of the overaward amounts.
- The deadline to submit an appeal request for a debt management decision is six months from the date of the original letter notifying you of the outcome of your B.C. debt management assessment.
- The deadline to submit an appeal request for all other situations is six weeks before your study period ends.

StudentAid BC cannot guarantee a final decision before your study period ends if either of the following is true:

- Further documentation is required and not submitted by the appropriate deadline.
- Your request is forwarded to the independent appeals committee less than six weeks before your study period ends.



Appeal Request Form

PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN CONTRIBUTION

The expected contributions from your parents/step-parent/sponsor/legal guardian is not available because of unforeseen, exceptional circumstances in the past 12 months. Specifically, appeals will be considered where the family income/assets were affected by:

- Layoff, strike or lockout.
- Unexpected reduction in income within the last 12 months (retirement is not considered as an unforeseen reduction).
- Medical illness/injury affecting employment income.

SECTION 1 – PERSONAL 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

(04) APPLICATION NUMBER

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IF YOU HAVE A NEW ADDRESS, PLEASE VISIT www.StudentAidBC.ca.

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

PARENT # 1		PARENT # 2
\$ _____ .00	GROSS MONTHLY WAGES	\$ _____ .00
\$ _____ .00	RENTAL INCOME (e.g. room and board payments from students)	\$ _____ .00
\$ _____ .00	B.C. FAMILY BONUS, CHILD TAX BENEFIT	\$ _____ .00
\$ _____ .00	OTHER INCOME	\$ _____ .00
\$ _____ .00	DEDUCTIONS (income tax, CPP, etc.)	\$ _____ .00
\$ _____ .00	TOTAL MONTHLY NET INCOME	\$ _____ .00

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

MORTGAGE/RENT	\$ _____ .00				
		UTILITIES		VEHICLE	
SECOND MORTGAGE	\$ _____ .00	HYDRO	\$ _____ .00	PAYMENT 1	\$ _____ .00
FOOD	\$ _____ .00	PHONE	\$ _____ .00	PAYMENT 2	\$ _____ .00
CLOTHING	\$ _____ .00	CABLE	\$ _____ .00	INSURANCE	\$ _____ .00
MEDICAL	\$ _____ .00	WATER	\$ _____ .00	GAS	\$ _____ .00
DENTAL	\$ _____ .00	HEAT	\$ _____ .00	MAINTENANCE	\$ _____ .00
OTHER*	\$ _____ .00				

*Itemize other expenses and costs:

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

TOTAL MONTHLY EXPENSES	\$ _____ .00	
TOTAL MONTHLY NET INCOME	\$ _____ .00	ALL INFORMATION IS SUBJECT TO AUDIT

SECTION 5 - DECLARATION

TO BE COMPLETED BY THE STUDENT AND PARENT/STEP-PARENT/SPONSOR/LEGAL GUARDIAN
 I authorize an appeal of my assessment due to exceptional circumstances. 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.

SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNED						
SIGN HERE	PRINT HERE	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">YEAR</td> <td style="text-align: center; font-size: small;">MONTH</td> <td style="text-align: center; font-size: small;">DAY</td> </tr> <tr> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> </table>	YEAR	MONTH	DAY	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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SIGNATURE OF PARENT/STEP-PARENT SPONSOR/LEGAL GUARDIAN (IN INK)	PRINT NAME	DATE SIGNED						
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CHECKLIST - Include the following documentation:

- Letter requesting that the expected contribution from your parent(s)/step-parent/sponsor/legal guardian be reduced or waived.
- Detailed letter from your parent(s)/step-parent/sponsor/legal guardian explaining why they are unable to contribute the expected amount.
- Documentation of medical disability, layoff, strike or lockout by employer, if applicable.
- Documentation of current monthly income of parent(s)/step-parent/sponsor/legal guardian (e.g., pay stubs for employment, EI or disability income).
- For step-parent appeals, a copy of the marriage certificate and a letter from the step-parent outlining why they cannot contribute to your education. Note: Have your step-parent indicate whether or not you have been claimed as a dependant on their income tax return and whether or not your step-parent has assumed financial responsibility for you.

Allow 4-6 weeks for processing.
PLEASE STAPLE ANY REQUIRED DOCUMENTATION TO THIS FORM.
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