

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

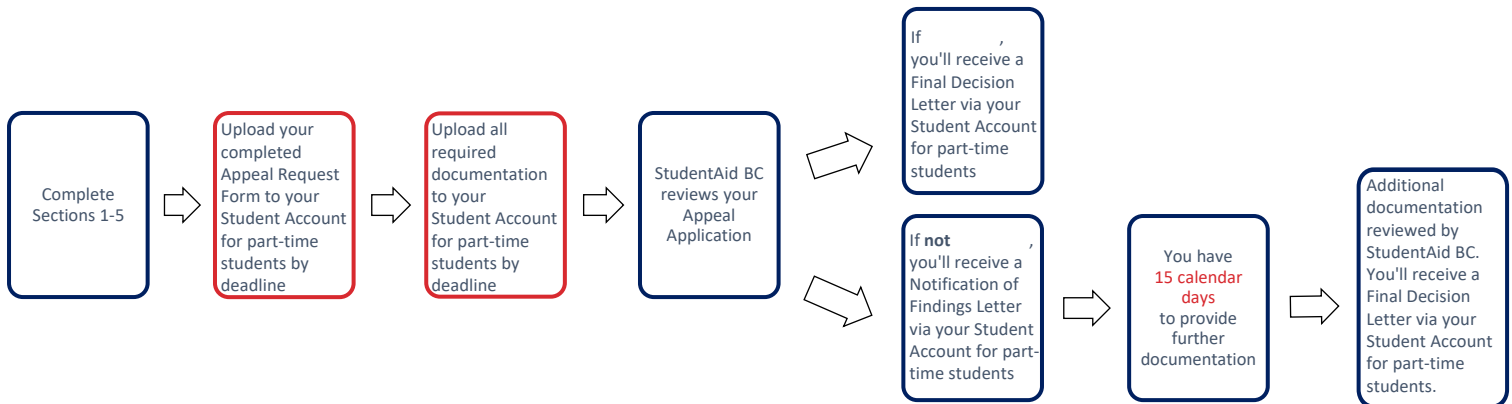
If you were denied B.C. student loan funding due to a previous bankruptcy that included B.C. student loans, you may appeal the denial if you can demonstrate that:

- There were exceptional circumstances leading to your bankruptcy, such as medical reasons or marital breakdown.
- You filed for bankruptcy during your study or non-repayment period and you are continuing in the same program of study in which you were enrolled in the date of bankruptcy or bankruptcy related event.
- If student loans were involved in the bankruptcy, Canada Student Financial Assistance Program has provided clearance for your receipt of new loans.
- If student loans have been repaid or discharged, you are a good credit risk. Credit risk is determined by the reason for bankruptcy, your efforts to rehabilitate your credit and that your studies warrant further investment.
- If student loans were not involved in your bankruptcy, the debts have been discharged or that a trustee has stated they will not place any claim on your student loan.

Note: If your Canada student loan is in default or was involved in your bankruptcy, you must contact Canada Student Financial Assistance Program to receive clearance for further funding. For more information on your federal loans, please contact the [National Student Loans Service Centre](#) at: 1-888-815-4514 and ask to be transferred to the Case Review Unit of the Canada Student Financial Assistance Program.

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 1-5.
4. Upload your completed Appeal Request Form and all required documentation to your [Student Account for part-time students](#).



Appeal Request Form starts on page 2.

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

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 must submit all of the following documentation via your [Student Account for part-time students](#) to support your appeal request:

- A letter** explaining the reason you are filing for bankruptcy. The letter must include:
 - Specific details of your actions to rehabilitate yourself financially since the bankruptcy.
 - Your educational and career goals, including the number of semesters required to finish your program of study.
- A letter from your institution** confirming your enrolment in the same program.
- Unofficial copy of all post-secondary transcripts.**
- A letter from a responsible third party** (counsellor, doctor, religious advisor, family friend or relative) confirming the reasons for your bankruptcy and your educational and career goals.
- A copy of bankruptcy papers** filed through the trustee showing the date of the bankruptcy, amounts owing to creditors and, if applicable, the date of discharge.
- All relevant supporting documentation** applicable to your circumstance. This documentation may include:
 - Medical documentation indicating the date of illness, how the condition contributed to your bankruptcy and your ability to study at a part-time course load.
 - Documentation of separation or divorce.

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

HEAT \$.00

OTHER* \$.00

*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.



CHECK
MARK

PRINT STUDENT'S FIRST AND LAST 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 Post-Secondary Education and Future Skills, 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 Appeal Request Form and all required documentation to your
Student Account for part-time students.**