

DEADLINE

Six weeks before your study period ends.

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.

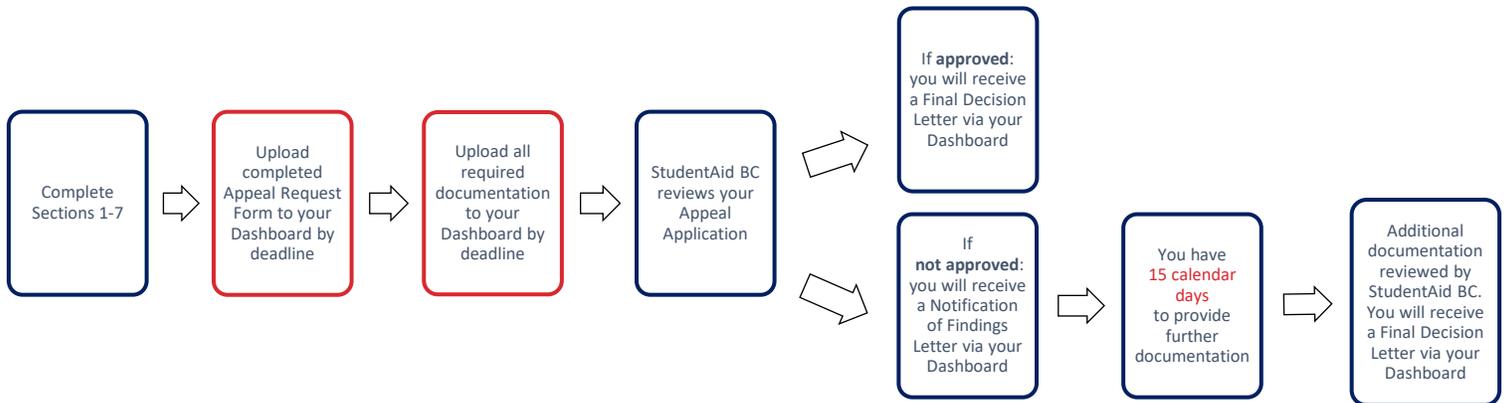
APPEAL CRITERIA

You can submit an appeal request if you are living at home and need to pay room and board and/or if your parent(s)/step-parent/sponsor/legal guardian are:

- Receiving income assistance or disability benefits
- Receiving Canada Pension and/or old age supplement, with no other source of income or support
- Earning a low income
- Unemployed due to layoff, strike or lockout

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 1-7.
4. Upload your completed Appeal Request Form and all required documentation to your StudentAid BC [Dashboard](#).



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	STUDENT'S APPLICATION NUMBER
<input type="text"/>	<input type="text"/>
STUDENT'S LAST NAME	
<input type="text"/>	
STUDENT'S FIRST NAME	MIDDLE INITIAL
<input type="text"/>	<input type="text"/>

SECTION 2 – REQUIRED DOCUMENTATION

You must submit all of the following documentation to your StudentAid BC [Dashboard](#) to support your appeal request:

- A letter** explaining why this cost should be included in your StudentAid BC assessment.
- A letter from your parent(s)/step-parent/sponsor/legal guardian** explaining:
 - The amount of room and board charged.
 - The date you started to pay room and board.
 - The reasons you are being charged room and board.
- Proof of payment of room and board**, such as cancelled cheques or copies of your or your parent(s)/step-parent/sponsor/legal guardian's bank statements showing monthly lump sum room and board payments made to your parent(s)/step-parent/sponsor/legal guardian. Receipts are not considered proof of payment.
- Documentation of parental income** (copies of recent pay stubs, tax returns, proof of income assistance, employment insurance and/or pension benefits).

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)

PARENT 1		PARENT 2
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	GROSS MONTHLY WAGES	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	RENTAL INCOME (e.g. room and board payments from student)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	CHILD TAX BENEFIT	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	OTHER INCOME	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	DEDUCTIONS	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	TOTAL MONTH NET INCOME	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00

SECTION 4 – MONTHLY FAMILY EXPENSES (to be completed by the parent)

MORTGAGE/RENT	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	PHONE	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
SECOND MORTGAGE	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	DAYCARE	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
FOOD	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	TRANSPORTATION	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00
MEDICAL	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	VEHICLE PAYMENT 1	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00

DENTAL \$.00

HYDRO \$.00

CABLE \$.00

WATER \$.00

HEAT \$.00

VEHICLE PAYMENT 2 \$.00

VEHICLE INSURANCE \$.00

VEHICLE UPKEEP \$.00

GAS \$.00

OTHER* \$.00

*Itemize other expenses: _____

SECTION 5 – TOTAL INCOME AND EXPENSES (to be completed by the parent)

TOTAL MONTHLY EXPENSES \$.00

TOTAL MONTHLY NET INCOME \$.00

All information is subject to verification and could result in an overaward if information is misrepresented.

SECTION 6 – MONTHLY EXPENSES (to be completed by the student)

MORTGAGE/RENT \$.00

SECOND MORTGAGE \$.00

FOOD \$.00

MEDICAL \$.00

DENTAL \$.00

HYDRO \$.00

CABLE \$.00

WATER \$.00

HEAT \$.00

PHONE \$.00

DAYCARE \$.00

TRANSPORTATION \$.00

VEHICLE PAYMENT 1 \$.00

VEHICLE PAYMENT 2 \$.00

VEHICLE INSURANCE \$.00

VEHICLE UPKEEP \$.00

GAS \$.00

OTHER* \$.00

*Itemize other expenses: _____

Appeal Request Form continues on page 4.

SECTION 7 – 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
X	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 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 StudentAid BC Dashboard at studentaidbc.ca/dashboard.