

Appeal Request Form Instructions

STUDENT OR SPOUSE/COMMON-LAW PARTNER 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 2018/2019 StudentAid BC Policy Manual, located here: https://studentaidbc.ca/sites/all/files/school-officials/policy_manual.pdf.

Dependant student:

Total Family Income = Applicant's parent(s)/guardian(s)/sponsor(s) prior year total income (as was or would be reported on line 150 of relevant T1 General Income Tax and Benefit Returns).

Assessed Financial Resources = Expected Contribution Based on Total Family Income + Bursaries/Scholarships + Other Targeted Funding*

- If you are a dependent student requesting an appeal of your fixed student contribution and/or total family income, use The Dependent Student Fixed Contribution and/or Parent, Step-parent, Sponsor, or Legal Guardian Contribution form.

Independent student:

Total Family Income = Sum of applicant's prior year total income and (if applicable) spouse's/common-law partner's prior year total income (as was or would be reported on line 150 of relevant T1 General Income Tax and Benefit Returns)

Assessed Financial Resources = Expected Contribution Based on Total Family Income + Bursaries/Scholarships + Other Targeted Funding*

- If requesting an appeal of your total family income, use this form.

*Other Targeted Funding can be from government sources, private sector, etc.

APPEAL CRITERIA

A student or spouse/common-law partner 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; and/or
- other extraordinary circumstances.

REQUIRED DOCUMENTATION

For each of the individual(s) for whom the above criteria apply, (i.e. you, your parent(s), and/or your spouse/common-law partner), 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; 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 completed form to your StudentAid BC online dashboard

HYDRO	\$	<input type="text"/>	.00	VEHICLE PAYMENT 1	\$	<input type="text"/>	.00
PHONE	\$	<input type="text"/>	.00	VEHICLE PAYMENT 2	\$	<input type="text"/>	.00
CABLE/INTERNET	\$	<input type="text"/>	.00	TOTAL VEHICLE	\$	<input type="text"/>	.00
WATER	\$	<input type="text"/>	.00	TOTAL GAS	\$	<input type="text"/>	.00
HEAT	\$	<input type="text"/>	.00	TOTAL VEHICLE UPKEEP	\$	<input type="text"/>	.00

SECTION 4 – TOTAL

TOTAL MONTHLY EXPENSES \$.00

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

SECTION 5 – DECLARATION

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)	PRINT NAME	DATE SIGNED
	SIGN HERE	PRINT HERE	YYYY / MM / DD

In addition, if spousal contribution being appealed:

X	SIGNATURE OF SPOUSE/COMMON-LAW PARTNER (IN INK)	PRINT NAME	DATE SIGNED
	SIGN HERE	PRINT HERE	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, 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 (250)-387-6100 from outside North America.

