

# **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 2017/2018 StudentAid BC Policy Manual, located here: <u>https://studentaidbc.ca/sites/all/files/school-officials/policy\_manual.pdf</u>.

#### **Dependant student:**

Total Family Income = Parental Income Assessed Financial Resources = Parental Income + Bursaries/Scholarships + Other Funding\*

• If requesting an appeal of your total family income, see the Parent, Step-parent, Sponsor, or Legal Guardian Contribution form

#### Independent student:

Total Family Income = Student and Spouse/Common-Law Partner (if applicable) Income Assessed Financial Resources = Student and Spouse/Common-Law Partner Income + Bursaries/Scholarships + Other Funding\*

\*Other Funding can be from relatives, RESPs, inheritances earmarked for education, 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/commonlaw 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 <u>StudentAid BC website</u>

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

# **Appeal Request Form**

STUDENT OR SPOUSE/COMMON-LAW PARTNER CONTRIBUTION

SECTION 1 – STUDE	NT INFORMATION			
ALL QUESTIONS MUST E	BE ANSWERED IN INK.			
(01) SOCIAL INSURANCI	F NUMBER	MINIST	RY DATE STAMP	
(02) STUDENT'S LAST N				
(03) STUDENT'S FIRST M	NAME MID	DLE INITIAL		
(04) APPLICATION NUM	1BFR			
	TED TOTAL INCOME			
ONLY provide for the ind	dividual(s) impacted by the criteri	a listed at the top of the fori	n:	
STUDENT	\$	ALL INFORMATION	IS SUBJECT TO AUDIT	
	V PARTNER \$		IN AN OVERAWARD	
SPOUSE/COMMON-LAW PARTNER \$ .00 IF INFORMATION IS MISREPORTED				
SECTION 3 – MONTH	ILY EXPENSES			
MORTGAGE/RENT	\$.00	DAYCARE	\$00	
SECOND MORTGAGE	\$00	ENTERTAINMENT	\$00	
FOOD	\$.00	GIFTS	\$.00	
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CLOTHING	\$00	PERSONAL CARE	\$00	
MEDICAL	\$ .00	CREDIT CARD PAYMENTS	\$00	
DENTAL	\$.00	TRANSPORTATION	\$.00	
<b>0-</b>				
OTHER*	\$00	COMPUTER EXPENSES	\$00	
*itemize other expenses and costs below:		MAJOR PURCHASES**	\$00	
		REPAIR COSTS**	\$	
		** Copies of paid receipts for emergen	cy purchases or	

repairs must be

HYDRO	\$ .00	VEHICLE PAYMENT 1	\$ .00	
PHONE	\$00	VEHICLE PAYMENT 2	\$ .00	
CABLE	\$.00	TOTAL VEHICLE	\$ .00	
WATER	\$00	TOTAL GAS	\$ .00	
HEAT	\$00	TOTAL VEHICLE UPKEEP	\$ .00	
SECTION 4 – TOTAL				
			ALL INFORMATION IS SUBJECT TO AUDIT AND COULD RESULT IN AN OVERAWARD IF INFORMATION IS MISREPORTED	
TOTAL MONTHLY EXPENS	ES \$	.00 AND COULD RESUL	T IN AN OVERAWARD	
TOTAL MONTHLY EXPENS		.00 AND COULD RESUL	T IN AN OVERAWARD	

	SIGNATURE OF STUDENT (IN INK)	PRINT NAME	DATE SIGNED
Χ	SIGN HERE	PRINT HERE	YYYY / MM / DD

In addition, if spousal contribution being appealed:

	SIGNATURE OF SPOUSE/COMMON-LAW PARTNER	PRINT NAME	DATE SIGNED
X	(IN INK) 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.

