

Appeal Request Form

STUDENT CONTRIBUTION

The Appeal Process

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

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.

Courier Address:

c/o StudentAid BC

1st Floor

- 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

> 835 Humboldt Street Victoria BC V8V 4W8

If you are calling from anywhere in Canada/U.S. If you are calling from outside North America 250 387-6100

toll-free 1-800-561-1818

Fax number 250 356-9455 Toll-free fax number 1-866-312-3322

Email Address: SABC.AppealsUnit@gov.bc.ca



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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.



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STUDENT CONTRIBUTION

SECTION 1 – PERSONAL INFORMATION

You are being asked to contribute more to your education than you can afford. (Personal debt repayment will not be considered)

ALL QUESTION	NS MUST BE ANSWER	RED IN INK.						
(01) SOCIAL INSURANCE NUMBER								
(02) Student's LAST NAME MINISTRY DATE STAMP								
(03) Student':	s FIRST NAME		_ MIDDL <u>E IN</u> IT	TAL				
(04) APPLICA	TION NUMBER							
IF YOU HAVE A NEW ADDRESS, PLEASE VISIT www.StudentAidBC.ca .								
SECTION 2 – MONTHLY EXPENSES								
If you are appealing your pre-study contribution (the four months before classes start), indicate your monthly pre-study expenses. If you are appealing your study period contribution, indicate your monthly expenses during your study period.								
MORTGAGE /RENT	\$00	DAYCARE	\$0	0 TRA	NSPORTATION	\$00		
SECOND MORTGAGE	\$00	ENTERTAINMENT	\$0	0 COM	MPUTER EXPENSES	\$00		
FOOD	\$00	GIFTS	\$0	0 *M	AJOR PURCHASES	\$00		
CLOTHING	\$00	PERSONAL CARE	\$0	0 *RE	PAIR COSTS	\$00		
MEDICAL	\$00	CREDIT CARD PAYMENTS	\$0	0 **0	OTHER	\$00		
DENTAL	\$00				ppies of paid receipts must be temize other expenses and c	•		
LIVERO	UTILITIES	VEHI			tuition/books, major purcha	ses and other costs:		
HYDRO	\$00	PAYMENT 1	\$0					
PHONE	\$00	PAYMENT 2	\$0					
CABLE	\$00	INSURANCE	\$0					
WATER	\$00	GAS	\$0	0				
HEAT	\$00	MAINTENANCE	\$0	0				

SECTION 3 – TOTALS								
TOTAL MONTHLY EXPENSES \$	00 ALL INFOR	ALL INFORMATION IS SUBJECT TO AUDIT						
SECTION 4 – DECLARATION								
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						
		YEAR MONTH DAY						
SIGN HERE	PRINT HERE							
CI Include the following documentation:	HECKLIST							
A detailed letter explaining why you cannot afford the amount you are being asked to contribute.								
Documentation of exceptional expenses in your pre-study or study period such as uninsured medical/dental/optical costs. (Exceptional expenses do not include home and vehicle maintenance and repairs or moving costs.)								
If you actively looked for work during the four months before classes start and could not find a job, include:								
A list of employment contacts including names, dates and addresses.								
Proof of receipt of employment insurance if eligible								

Allow 4-6 weeks for processing.

If you are unable to work due to medical reasons, original medical documentation confirmation you were unable to work and the dates of your

Documentation of registration with an employment centre.

illness/injury.

PLEASE STAPLE ANY REQUIRED DOCUMENTATION TO THIS FORM.