

#### **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.

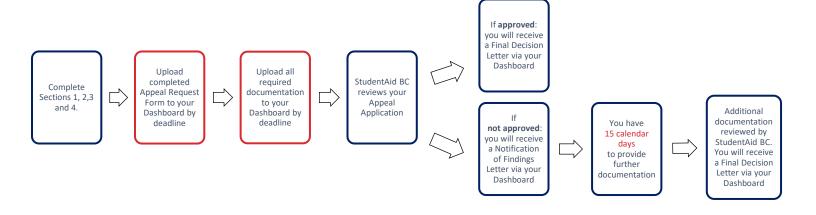
### APPEAL CRITERIA

You can submit an appeal request for additional transportation allowance if one or more of the following criteria applies:

- There is no/limited local public transit where you live
- The travel is required due to special circumstances (e.g. work schedule, family transportation responsibilities or a requirement to live a significant distance from your post-secondary institution)
- Additional transportation for a clinical or practicum placement is required

### 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, 2, 3 and 4.
- 4. Upload your completed Appeal Request Form and all required documentation to your StudentAid BC <u>Dashboard</u>.



Appeal Request Form starts on page 2.



# APPEAL REQUEST FOR ADDITIONAL TRANSPORTATION ALLOWANCE

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S	ECTION 1 – STUDENT	INFORMATION			
STUDENT'S SOCIAL INSURANCE NUMBER STUDENT'S APPLICATION NUMBER					
S	TUDENT'S LAST NAME				
S	TUDENT'S FIRST NAME			MIDDLE INITIAL	
S	ECTION 2 – REQUIRED	DOCUMENTATION			
Υοι	umust submit all of the followi	ng documentation to your Studer	ntAid BC Dashboard to suppo	rt vour appeal request:	
	_	-	•	ee page 1) and why you cannot mov	e
	closer to your school.				
	All relevant supporting do	cumentation (work schedule, clir	nical or practicum information	n, etc.).	
	_				
	A copy of the vehicle insur	rance.			
•	YOUR ASSESSMENT WILL	BE DELAYED OR DENIED IF	YOU DO NOT SUBMIT A	ALL REQUIRED DOCUMENTAT	ION.
S	ECTION 3 – TRAVEL IN	NFORMATION			
1.	Could you move closer to you	ur school for the same or less livi	ng costs? YES	NO	
		this allowance. Do not complete		n your letter (see required documer	utation)
	·			Tyour letter (see required documen	itation,
2.	Provide cost information for	your monthly housing and motor	vehicle costs:		
	RENT	\$ .00	GAS	\$ .00	
	KLIVI	\$ .00	GAS	\$00	
	HYDRO	\$ .00	VEHICLE INSURANCE	\$ .00	
	-				
	VEHICLE PAYMENT	\$ .00	VEHICLE UPKEEP	\$ .00	
3.	Is public transit to your school	ol available in your neighbourhoo	od? YES N	10	
	If YES: Does public transit tal	ke more than two hours from you	ır neighbourhood	YES NO	
	to your school and back by the	he quickest/most direct route?		TES NO	
4	Duning competited and all			. f	
4.	school and back?	_	neters you will travel each w	eek from your place of residence to	your
5.		to take your child(ren) to and fro	om daycare, please provide:		
	The number of trips each				
	Distance travelled:	Kilometers			

Rev. December 2022 Page **2** of **3** 



## APPEAL REQUEST FOR ADDITIONAL TRANSPORTATION ALLOWANCE

6.	Are you the owner/lessee of the motor vehicle? YES NO					
	Your insurance must support your usage of the vehicle. You must upload a copy of your insurance to your StudentAid BC <u>Dashboard</u> .					
7.	Your driver's license number:					
8.	Province or Territory:					
9.	Are you the primary operator, but not the registered owner, of the vehicle? YES NO					
	You must upload a copy of your insurance to your StudentAid BC <u>Dashboard</u> .					
	If you are requesting the use of a vehicle only when you are in a practicum placement during your study period, please state the number of weeks in in your practicum: weeks					
11.	Are you the only person using this vehicle to travel to and from a post-secondary institution?					
SE	CTION 4 – DECLARATION					
By su	ubmitting 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 cert	tify that information provided with this request is accurate and correct.					
×	CHECK PRINT STUDENT'S FIRST AND LAST NAME MM/DD/YYYY MARK					

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.

Rev. December 2022 Page **3** of **3**