

# **Appeal Request Form**

## ADDITIONAL TRANSPORTATION ALLOWANCE

### USE THIS FORM IF YOUR APPEAL REQUEST IS RELATED TO <u>CLASSES THAT BEGAN</u> PRIOR TO **AUGUST 1, 2017**

You will need to refer to the 2016/2017 Policy Manual

### **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.
- 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

**Email Address:** SABC.AppealsUnit@gov.bc.ca **Courier Address:** c/o StudentAid BC 1<sup>st</sup> Floor

835 Humboldt Street Victoria BC V8V 4W8 If you are calling from anywhere in Canada/U.S.

toll-free 1-800-561-1818

Fax number 250 356-9455 If you are calling from outside North America

250 387-6100

Toll-free fax number 1-866-312-3322



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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.



## **Appeal Request Form**

### ADDITIONAL TRANSPORTATION ALLOWANCE

If you have extenuating circumstances that require you to use a motor vehicle instead of local public transit for transportation to and from school, or if there is no local public transit in your neighbourhood, you may be eligible for the additional transportation allowance. You must own and/or operate the motor vehicle. The motor vehicle must be insured for the correct usage and for the duration of your study period or your request will not be considered.

You are expected to travel to and from school by the most economical means possible. Therefore, you are automatically assessed a cost equivalent to the fee for a monthly buss pass as part of the standard needs assessment process.

If you are in a program with a mandatory practicum or clinical placement and may need a motor vehicle to travel from your home to the practicum/clinical location, you will automatically be assessed an additional cost as part of the standard needs assessment in recognition of this expense. This cost information is provided by financial aid staff at your school and does not require an appeal.

#### Note

If you could move closer to your school for similar or less costs, you will not be considered for this additional transportation allowance unless exceptional circumstances exist that would warrant setting aside StudentAid BC policy. It is therefore important that you provide detailed information and documentation of your circumstances to support your request for an exception to policy.

| SECTION 1 – PERSONAL INFORMATION             |  |
|--|--|
| ALL QUESTIONS MUST BE ANSWERED IN INK.       |  |
| (01) SOCIAL INSURANCE NUMBER                 | MINISTRY DATE STAMP                                      |
| (02) Student's LAST NAME                     |  |
| (03) Student's FIRST NAME MIDDLE INITIAL     |  |
|  |  |
| (04) APPLICATION NUMBER If you have a change | ge of address, please visit <u>www.StudentAid</u> BC.ca. |

| SECTION 2 – TRAVEL INFORMATION  |                               |                         |                             |         |            |  |
|---|-------------------------------|-------------------------|-----------------------------|---------|------------|--|
| (01) Could you move closer to your school If YES: You do not qualify for this allow If NO:  a) Explain why you cannot   | _                             | nis form.               | ]YES[]NO                    |         |            |  |
|   |                               |                         |                             |         |            |  |
| L) By the set of severity   |                               | 11 1                    | history and a               |         |            |  |
| RENT \$ per month CAR LOA   | on for your housing and for   | ne motor ve<br>AR INSUR | enicie costs you<br>Pance s | pay:    | per month  |  |
| RENT \$ per month CAR LOA HYDRO \$ per month GASOLIN  | NE \$ per month               | CAR MAIN                | TENANCE \$                  | '<br>}  | per month  |  |
| (02) Is public transit to your school availa  |                               |                         |                             | ] YES   | <br>[ ] NO |  |
| (03) If YES to Question 02, does public tra   | insit take more than two ho   | urs return              |                             |         |            |  |
| from your neighbourhood to the sch  |                               |                         | irect route?[               | ] YES [ | ] NO       |  |
| (04) During your study period, what is the  |                               |                         |                             | -       | -          |  |
| week from your place of residence to  | •                             | -                       |                             | _kilome | ters.      |  |
| (05) If you must also travel by car to take   | •                             | day care, ple           | ase provide                 |         |            |  |
| details of the number of trips each w   | reek and distance travelled:  |                         |                             |         |            |  |
|   |                               |                         |                             |         |            |  |
|   |                               |                         |                             |         |            |  |
| (06) Are you the owner/lessee of the mot  |                               |                         |                             | 1,450   | 1.10       |  |
| of the vehicle. (A copy of your insura  | ance must be included.)       |                         |                             | J YES   | INO        |  |
| (07) Your driver's licence number   |                               |                         |                             |         |            |  |
|   |                               |                         |                             |         |            |  |
| (08) Province   |                               |                         |                             |         |            |  |
|   |                               |                         |                             |         |            |  |
| (60) And the animal and an host an  |                               | 2 مام نمام در مر        |                             |         |            |  |
| (09) Are you the primary operator, but no (A copy of your insurance must be in  |                               |                         | r                           | 1 VEC 1 | 1 NO       |  |
|   |                               |                         |                             | ] 123   | INO        |  |
| (10) If you are requesting the use of a veh   |                               | -                       |                             |         |            |  |
| during your academic term, please state the number of weeks in your practicumweeks.   |                               |                         |                             |         |            |  |
| (11) Are you the only person using this ve  | hicle to travel to and from a | post-second             | ary school?                 | [ ] YES | [ ]NO      |  |
| SECTION 3 – DECLARATION   |                               |                         |                             |         |            |  |
| I authorize an appeal of my assessment due to   | exceptional circumstances   L | understand th           | at·                         |         |            |  |
| 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 re  | quest meets those terms.      |                         |                             |         |            |  |
| I certify that:   |                               |                         |                             |         |            |  |
| 1) I own and/or operate a motor vehicle to travel from my residence to school for study purposes.   |                               |                         |                             |         |            |  |
| <ul><li>2) I am responsible for the costs related to the operation of the motor vehicle.</li><li>3) Public transportation takes more than two hours return from my home to school and I cannot move closer to my school for</li></ul> |                               |                         |                             |         |            |  |
| similar or less cost.   |                               |                         |                             |         |            |  |
| 4) All information provided in this form  | is accurate and correct.      |                         |                             |         |            |  |
| SIGNATURE OF STUDENT  | PRINT NAME                    |                         | DATE S                      | IGNED   |            |  |
|   |                               |                         | YEAR I                      | MONTH   | DAY        |  |
|   |                               |                         |                             |         |            |  |
| SIGN HERE   | PRINT HERE                    |                         |                             |         |            |  |

Note:

• A copy of your insurance papers must be included.

Allow 4-6 weeks for processing.