

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.

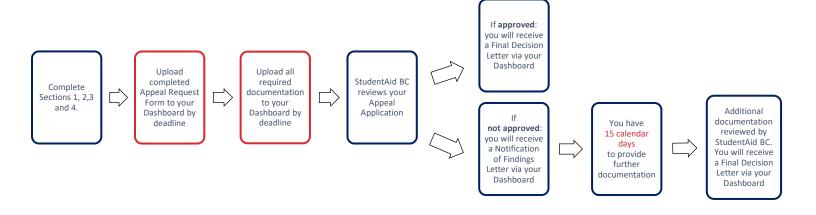
APPEAL CRITERIA

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

| S | ECTIO | N 1 – S | TUD | ENT | INF | ORI | MATI | ON | | | | | | | | | | | | | | | |
|---------------------|-----------|-------------------------|----------|---------|---------|-------|----------|---------|-------------------|---------|---------|--------------|---------|---------------|--------|----------|--------|----------|--------|---------------|--------|--------|--------|
| S | TUDENT | 'S SOCIAL I | NSUR | ANCE | NUM | BER | | | | | STUD | ENT'S | APPI | LICAT | NOI | NUMB | ER | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| STUDENT'S LAST NAME | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| S | TUDENT | 'S FIRST NA | AME | | | | | | | | | | | | | | _ | MID | DLE IN | <u>I</u> TIAL | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| S | ECTIO | N 2 – R | EQU | IRE | D DC | CU | MEN | ITAT | 101 | V | | | | | | | | ı | | | | | |
| Υοι | ı must sı | ıbmit all of | f the fo | ollowi | ng do | cume | entatio | n to y | our S | Stude | ntAid | BC <u>Da</u> | ashbo | <u>oard</u> t | o sup | port y | our a | ppeal | reque | st: | | | |
| | A let | t ter describ | oing th | ne circ | umsta | ance(| (s) that | meet | s on | e or n | nore c | of the | Appe | eal Cri | iteria | (see p | oage 1 | .) and v | why y | ou ca | nnot r | move | |
| | ∟ close | er to your s | school | | | | | | | | | | | | | | | | | | | | |
| | All r | elevant su | pporti | ing do | cume | ntati | ion (wo | ork sch | nedu | le, cli | nical (| or pra | cticu | m inf | orma | tion, e | etc.). | | | | | | |
| | _ _ | | | | | | | | | | | | | | | | | | | | | | |
| | | py of the v | | | | | | | | | | | | | | | | | | | | | |
| , | YOUR A | ASSESSM | ENT | WILL | . BE C | ELA | YED (| OR D | ENI | ED IF | ΥΟι |) DO | NO | T SU | BMI' | T ALL | REQ | UIRE | D DC | CUN | /IENT | ΓΑΤΙΟ | ON. |
| S | ECTIO | N 3 – T | RAV | EL II | NFO | RM. | ATIO | N | | | | | | | | | | | | | | | |
| 1. | Could | you move | closer | to yo | ur sch | ool f | or the | same | or le | ss livi | ng co | sts? | | Υ | ES | | NO | | | | | | |
| | | You do no Continue t | - | - | | | | | | - | | | er to | your | schoo | ol in ye | our le | tter (se | ee req | uired | docu | menta | ation) |
| 2. | Provid | e cost info | rmatio | on for | your | mon | thly ho | using | and | moto | r vehi | cle co | sts: | | | | | | | | | | |
| | F | RENT \$.00 G | | | | GAS | | | | | \$ | | | | .00 | | | | | | | | |
| | <u>-</u> | | | | | | | | | | | | | | | · L | | | | | | | |
| HYDRO | | | \$ | .00 | | | | | VEHICLE INSURANCE | | | | | | \$.00 | | | | | | | | |
| | | | | | | | | | | | | | | | L | Į. | | | | | | | |
| VEHICLE PAYMENT \$ | | | .00 | | | | | ٧ | VEHICLE UPKEEP | | | | | \$.00 | | | | | | | | | |
| 3. | Is publ | ic transit t | o you | r scho | ol ava | ilabl | e in yo | ur nei | ghbo | ourho | od? | | ΥI | ES | | NO | | | | | | | |
| | If VES: | Does publ | lic tran | nsit ta | ke mo | re th | an two | hour | s fro | ım voi | ur nei | ghhoi | urhod | nd | | | | | | | | | |
| | | r school ar | | | | | | | | - | uc. | 5 | uoc | <i>,</i> | | | YES | 5 | N | 0 | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | _ | your stud and back? | | | | | _ | numb | oer c | f kilo | metei | rs you | will t | travel | l each | week | (from | your | place | of res | idenc | e to y | our |
| | 3011001 | and buck: | | | | | | | | | | | | | | | | | | | | | |
| 5. | If you | must also t | travel | by car | r to ta | ke yo | our chil | d(ren) |) to a | and fr | om da | aycare | e, plea | ase p | rovid | e: | | | | | | | |
| | Th | e number | of trip | s eacl | h wee | k: | | | | | | | | | | | | | | | | | |
| | Di | stance trav | velled: | | | к | (ilomet | ers | | | | | | | | | | | | | | | |

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APPEAL REQUEST FOR ADDITIONAL TRANSPORTATION ALLOWANCE

| 6. | Are you the owner/lessee of the moto | YES | NO | | | | | | | |
|-------|---|-------------------|-------------------------|----------------|--------------|----------|--------|-----------|----------------------|-----------------|
| | Your insurance must support your usag | ge of the vehicle | e. You must | upload a copy | of your in | surance | to yoι | ır Studer | ntAid BC <u>Dask</u> | <u>nboard</u> . |
| 7. | Your driver's license number: | | | | | | | |] | |
| 8. | Province or Territory: | | | | | | | | | |
| 9. | Are you the primary operator, but not | the registered o | owner, of th | e vehicle? | YES | | NO | | | |
| | You must upload a copy of your insura | nce to your Stud | dentAid BC <u>I</u> | Dashboard. | | | | | | |
| 10. | If you are requesting the use of a vehic number of weeks in in your practicum: | • | ou are in a p weeks | racticum place | ement dur | ing your | study | period, p | olease state t | the |
| 11. | Are you the only person using this vehi | icle to travel to | and from a _l | oost-secondar | y institutio | on? | Υ | 'ES | NO | |
| SE | ECTION 4 – DECLARATION | | | | | | | | | |
| By s | ubmitting this request for an appeal, I u | nderstand that: | | | | | | | | |
| | All terms agreed to on my applicati | ion will remain i | n force. | | | | | | | |
| | StudentAid BC may consider inform | nation from prio | r applicatio | ns in my appea | al request. | | | | | |
| I cer | tify that information provided with this | request is accur | ate and cor | rect. | | | | | | |
| × | CHECK PRI | | MM/DD/YYYY | | | | | | | |

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.

Upload completed Appeal Request Form and all required documentation to your StudentAid BC Dashboard at studentaidbc.ca/dashboard.

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