

PURPOSE

For students to advise StudentAid BC when information provided on their current application has changed.

Note: If funds have already been disbursed, changes resulting from a reassessment may result in an overaward.

INSTRUCTIONS

1. Provide current application number.
2. Provide brief explanation of the change on page 2.
3. Answer **ONLY** the question(s) where you are reporting a change.
4. **Sign and date** Appendix 7. Upload signed Appendix 7 to your dashboard OR email completed Appendix 7 to: StudentAidBC@gov.bc.ca.
5. Submit additional documents, as required, see below.

ADDITIONAL DOCUMENTATION INSTRUCTIONS

1. If you are changing your program information or study dates, please confirm with your school if an Appendix 3 is required, if so, please upload Appendix 3 with Appendix 7.
2. If you are changing your school, please confirm with your new school if an Appendix 3 or an Appendix 5 is required. If an Appendix 3 is required, please upload it with Appendix 7.
3. If you are changing your status from independent to dependent, an Appendix 1 is also required. Ensure you complete question 38a on Appendix 7.
4. If you are reporting a change to your declared income, upload a copy of your revised Income Tax Notice of Assessment.

DEADLINE

Your Appendix 7 – Request for Reassessment must be received by StudentAid BC at least six weeks before study period end date as funds cannot be issued after classes end.

All information is subject to verification.

**Please provide an explanation for the changes you are making in this reassessment.
Provide supporting documentation/Appendices as outlined on page 1.**

What is your original 2024/2025 application number?

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(Questions must
be answered in ink)

Only answer questions (in ink) where the information is now different from your
original full-time application and provide an explanation of the changes on Page 2.

Ensure you sign and date the Declaration on Page 8.

(1) LAST NAME NOTE: Your last name MUST match the name on your Social Insurance Number card/letter

SOCIAL INSURANCE NUMBER

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(2) FIRST NAME NOTE: Your first name MUST match the name on your Social Insurance Number card/letter

(3) MIDDLE NAME

(4) DATE OF BIRTH

(5) GENDER ☐ MAN ☐ WOMAN ☐ NON-BINARY ☐ PREFER NOT TO ANSWER

YEAR				MONTH		DAY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(6) MAILING ADDRESS

Apt./suite Street Number and Street Name/PO Box

(7) _____
Use this line for any part of your address not indicated above

(8) CITY/TOWN _____

(9) COUNTRY _____

(10) PROVINCE/STATE _____ (11) POSTAL/ZIP CODE _____

(12) AREA CODE TELEPHONE NUMBER
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(13) E-MAIL ADDRESS: Notifications will be sent to this address _____

PROGRAM INFORMATION

(14) NAME OF INSTITUTION _____

(15) INSTITUTION CODE (if known) _____

(16) INSTITUTION'S CITY _____

(17) INSTITUTION'S PROVINCE/STATE _____

(18) INSTITUTION'S COUNTRY _____

(19) PROGRAM CODE (visit www.StudentAidBC.ca)				
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(20a) Is your program being delivered online or blended? ☐ YES ☐ NO

(21) DATE CLASSES START

YEAR			MONTH		DAY	

(22) DATE CLASSES END

YEAR				MONTH		DAY	

(23) PROGRAM / FACULTY

(24) MAJOR / DEPARTMENT (if applicable) _____

(25) PROGRAM TYPE: ☐ CERTIFICATE/CITATION ☐ ASSOCIATE/DIPLOMA ☐ UNIVERSITY TRANSFER ☐ BACHELOR

☐ MASTER ☐ PHD ☐ PROFESSIONAL (Medical doctor, lawyer, etc.) ☐ UNCLASSIFIED/QUALIFYING

(26) WHAT YEAR OF THIS PROGRAM WILL YOU BE IN? _____

(27) COURSE LOAD ☐ 100% ☐ 80% ☐ 60% ☐ 40% (for students with permanent disabilities)

(28) STUDENT NUMBER (if known) _____

PERSONAL INFORMATION

(29) Are you a student with a permanent disability, or a persistent or prolonged disability that affects your studies on a daily basis? You must meet the definition of either permanent disability or persistent or prolonged disability to be eligible to apply for StudentAid BC disability funding.

(30) During your study period, provide total income assistance/social assistance (welfare) and/or B.C. income assistance for persons with disabilities that you will be receiving:	\$.00
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PERSONAL INFORMATION *continued*

- (31) Have you ever declared bankruptcy that included student financial assistance? ☐ YES ☐ NO
- (33) Will you have been out of high school for more than 48 months (4 years) when classes start? ☐ YES ☐ NO
- (34) What is your marital status? ☐ A. SINGLE ☐ B. SINGLE PARENT ☐ C. MARRIED
☐ D. COMMON-LAW ☐ E. SEPARATED/DIVORCED/WIDOWED
- (35) In the time since you left high school to your first day of classes, have you spent two periods of 12 continuous months each, in the full-time labour force? ☐ YES ☐ NO
- (36a) Are you, or were you ever considered a child or youth under government care? ☐ YES ☐ NO
- (36b) Are you, or were you at the time of your 19th birthday a youth in continuing care or custody of a director of a child welfare in B.C.? ☐ YES ☐ NO
- (37) My parents are deceased and I do not have a legal guardian. ☐ YES ☐ NO
- (38) Did you answer 'YES' to any of questions 33, 35, 36 or 37 or are married, common-law, a single parent, separated, divorced or widowed? If YES, please answer the following:
 Are you a resident of B.C.? ☐ YES ☐ NO
- (38a) Did you answer 'NO' to ALL of questions 33, 35, 36 and 37? If YES, please answer the following:
 Is your parent(s)/step-parent/sponsor/legal guardian a resident of B.C.? ☐ YES ☐ NO
- (39) What is your citizenship status? ☐ CANADIAN CITIZEN ☐ PERMANENT RESIDENT
- (40) Do you identify yourself as an Indigenous person; that is, First Nations, Métis or Inuit? ☐ YES ☐ NO
- (41) If you identify yourself as an Indigenous person, are you: (select all that apply) ☐ First Nations ☐ Métis ☐ Inuit
- (42) Date you graduated from or left secondary (high) school.

YEAR				MONTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- (43) How many months of full-time post-secondary studies have you taken to date in B.C., Canada and outside of Canada? Include co-op work terms.

MONTHS	
<input type="text"/>	<input type="text"/>

INCOME INFORMATION

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|------|---|----|--|--|--|--|--|--|-----|
| (50) | Enter your reported total income from line 15000 of your 2023 Income Tax Return.
This income will be matched with Canada Revenue Agency records, which may affect your assessment of need
If you did not file a 2023 Income Tax Return, enter your total income from all sources both inside AND outside of Canada. | \$ | | | | | | | .00 |
| (51) | Merit-based scholarships or need-based bursaries, including provincial government scholarships. | \$ | | | | | | | .00 |
| (52) | Funding you will receive to help meet specific educational costs towards your education during this study period. | | | | | | | | |
| (a) | Government funding (e.g., E.I. training allowance, social assistance payments intended to cover education-related costs) | \$ | | | | | | | .00 |
| (b) | Non-government (private sector) funding (e.g. employer) | \$ | | | | | | | .00 |
| (c) | Voluntary contributions from parent(s)/step-parent/sponsor/legal guardian | \$ | | | | | | | .00 |

ALTERNATE ADDRESS

Give the name, address and telephone number of a contact person over 19 years of age living in Canada or the United States. If mail sent to your address is returned or if we cannot contact you by phone, this person will be contacted. Please ensure you have your contact person's authorization to enter their information below. **DO NOT USE YOUR SPOUSE/COMMON-LAW PARTNER, A SCHOOL STAFF MEMBER, OR YOURSELF.**

- (53) LAST NAME _____
- (54) FIRST NAME _____
- (55) MIDDLE NAME _____
- (56) MAILING ADDRESS _____
- (57) MAILING ADDRESS (continued) _____
- (58) CITY / TOWN _____
- (59) COUNTRY _____
- (60) PROVINCE / STATE _____
- (61) POSTAL/ZIP CODE _____
- (62) RELATIONSHIP TO YOU ☐ A Parent/Step-Parent/Sponsor/
Legal Guardian ☐ B Other Relative ☐ C Other
- (63) AREA CODE TELEPHONE NUMBER
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Appendix 7 MUST BE SIGNED or it cannot be processed

RELEASE OF INFORMATION

If you are unable to contact us to check your application status, you may consent to the disclosure of any piece of your personal information related to your application status to another person designated by you by completing this section. Please ensure you have the designated person's authorization to enter their information below. Do not use a school staff member.

(64) LAST NAME _____

(65) FIRST NAME _____

(66) RELATIONSHIP TO YOU (mark one box only) ☐ A Parent/Step-Parent/Sponsor/ Legal Guardian ☐ B Spouse/Common-Law, Partner ☐ C Other Relative ☐ D Other

STUDENTAID BC DECLARATION – ALL STUDENTS MUST READ, SIGN AND DATE

This Appendix forms part of the student's Application for student financial assistance. As such, the Student Declaration and Canada Revenue Agency Consent previously signed by the student have full legal force and effect in respect of this Appendix.

	SIGNATURE OF STUDENT (IN INK)	PRINT NAME	(76) DATE SIGNED		
	MUST BE SIGNED	PRINT HERE	YEAR <div></div>	MONTH <div></div>	DAY <div></div>

Collection and use of information. The information included in this form and authorized above is collected under ss. 26(c) and 26(e) of the *Freedom of Information and Protection of Privacy Act*, R.S.B.C. 1996, c. 165, 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 research, statistical and evaluation purposes. If you have any questions about the collection and use of this information, contact the Executive Director, StudentAid BC, Ministry of Post-Secondary Education and Future Skills, PO Box 9173, Stn Prov Govt, Victoria BC, V8W 9H7, telephone 1-800-561-1818 (toll-free in Canada/U.S.) or +1-778-309-4621 from outside North America.

UPLOAD COMPLETED AND SIGNED APPENDIX 7 TO YOUR DASHBOARD ACCOUNT.