Youth Educational Assistance Fund for Former Youth in Care

REQUEST FOR APPEAL

SECTION 1 – PERSONAL INFORMATION

ALL QUESTIONS MUST BE ANSWERED IN INK.

(01) STUDENT’S SURNAME NAME

(02) SOCIAL INSURANCE NUMBER

(03) STUDENT’S FIRST GIVEN NAME

(04) STUDENT’S MIDDLE GIVEN NAME

(05) STUDENT NUMBER

SECTION 2 - APPEAL CATEGORIES

Please select ONE appeal category, submit this form along with the required documentation, and allow four to six weeks for processing. You will receive a letter notifying you of the outcome of your appeal.

☑ UNDER 19
☐ OVER 24
☐ OTHER

Required Documentation:

☑ A current application, confirmation of enrolment form (or full-time StudentAid BC application number), an original letter from any Ministry of Children and Family Development office/or Indigenous Child and Family Services Agency (ICFSA) stating you are a former B.C. youth in care who meets one of the legal eligibility criteria (for first-time applicants only) and a letter from you describing your circumstances, why you are requesting the grant and your education and career goals.

☑ If appealing "Under 19" criteria, your social worker must provide a letter explaining why your post-secondary education costs are not being covered by the region where you are currently in care.

☑ Any other documentation to support your appeal that you feel is relevant to your situation.

SECTION 3 - DECLARATION

I authorize an appeal of my assessment due to exceptional circumstances.

I understand that:

1) All terms agreed to on my application for the Youth Educational Assistance Fund will remain in force.
2) StudentAid BC office staff 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

Mailing Address:
PO Box 9173 Stn Prov Govt
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1-800-561-1818 (toll-free in Canada/U.S.)

October 2022