APPEAL REQUEST FOR SCHOLARSHIP, BURSARY AND GRANT PROGRAMS

DEADLINE

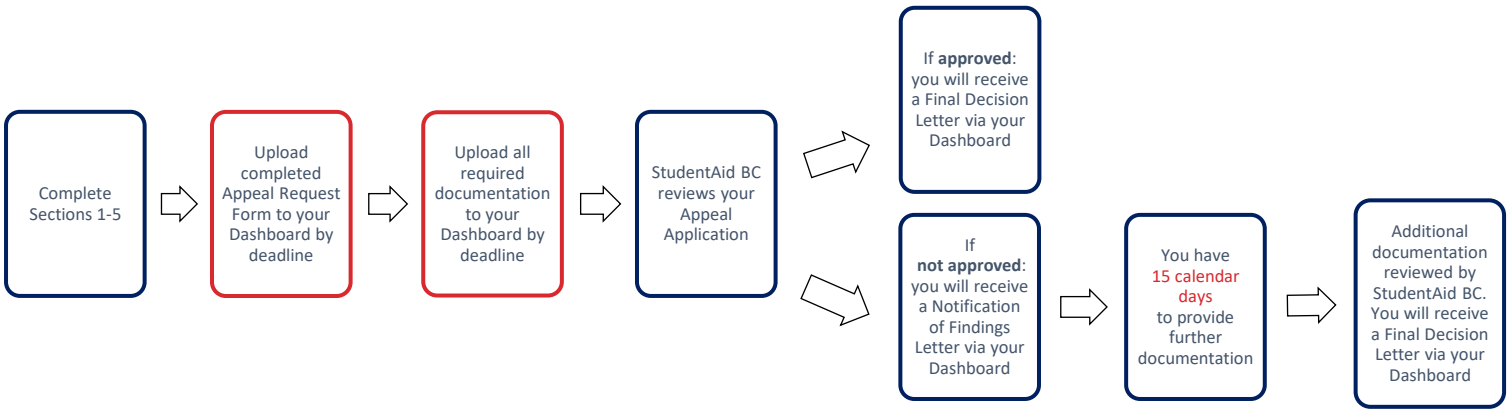
Six weeks before your study period ends.

APPEAL CRITERIA

You can submit an appeal request if you believe there was an error in the evaluation of your scholarship, bursary or grant or if you are in full-time studies and have a permanently disabled dependant aged 12 and over.

APPEAL INSTRUCTIONS

1. Review the Appeal Criteria.
2. Complete Sections 1-5.
3. Upload your completed Appeal Request Form and all required documentation to your StudentAid BC Dashboard.



Appeal Request Form starts on page 2.

BRITISH COLUMBIA | StudentAidBC

APPEAL REQUEST FOR SCHOLARSHIP, BURSARY AND GRANT PROGRAMS

SECTION 1 – STUDENT INFORMATION

STUDENT'S SOCIAL INSURANCE NUMBER

STUDENT'S APPLICATION NUMBER

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MIDDLE INITIAL

SECTION 2 – REQUIRED DOCUMENTATION

You must submit all of the following documentation to your StudentAid BC Dashboard to support your appeal request:

- ☐ **A letter** describing the issue you are appealing.
- ☐ **All relevant supporting documentation.**
- ☐ **Documentation** that you have claimed the wholly dependent person for tax purposes and Canada Revenue Agency (CRA) has accepted the person as being wholly dependent upon you, or your spouse or your common-law partner (this is only required if you are appealing the evaluation of your scholarship/bursary/grant program, are in full-time studies, and have a permanently disabled dependant aged 12 and over).

YOUR ASSESSMENT WILL BE DELAYED OR DENIED IF YOU DO NOT SUBMIT ALL REQUIRED DOCUMENTATION.

SECTION 3 – MONTHLY EXPENSES

MORTGAGE/RENT	$ .00	PHONE	$ .00
SECOND MORTGAGE	$ .00	DAYCARE	$ .00
FOOD	$ .00	TRANSPORTATION	$ .00
MEDICAL	$ .00	VEHICLE PAYMENT 1	$ .00
DENTAL	$ .00	VEHICLE PAYMENT 2	$ .00
HYDRO	$ .00	VEHICLE INSURANCE	$ .00
CABLE	$ .00	VEHICLE UPKEEP	$ .00
WATER	$ .00	GAS	$ .00
HEAT	$ .00	OTHER*	$ .00

*Itemize other expenses: _____

_____

SECTION 4 – TOTAL EXPENSES

TOTAL MONTHLY EXPENSES $ .00

TOTAL MONTHLY NET INCOME $ .00

All information is subject to verification and could result in an overaward if information is misreported.

SECTION 5 – DECLARATION

By submitting 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 certify that information provided with this request is accurate and correct.

	CHECK MARK	PRINT STUDENT'S FIRST AND LAST NAME	MM/DD/YYYY
X			

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.