2011-2012
Youth Educational Assistance Fund for Former Youth in Care

REQUEST FOR APPEAL

SECTION 1 – PERSONAL INFORMATION

ALL QUESTIONS MUST BE ANSWERED IN INK.

(01) SOCIAL INSURANCE NUMBER

(02) PERSONAL EDUCATION NUMBER (OPTIONAL)

MINISTRY DATE STAMP

(03) STUDENT'S **SURNAME**

(04) STUDENT'S **FIRST GIVEN** NAME

(05) STUDENT'S **MIDDLE GIVEN** NAME

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 delegated Aboriginal agency 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 2011-2012 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
SIGN HERE	PRINT HERE	YEAR MONTH DAY

Ministry of Advanced Education

StudentAid BC
Directed Programs Unit

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