



BURSARY APPEAL REQUEST

Student Financial Aid and Awards

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

E sawards@bcit.ca T 604.432.8555

This form is for full-time students who have applied for a BCIT Bursary and wish to appeal the decision.

BCIT ID	Social Insurance Number <i>(required for income tax purposes)</i>
Last Name	First Name & Initial
Program Name	Level <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8

Submit your Bursary Appeal Request to Student Financial Aid and Awards by email to sawards@bcit.ca by:

WEDNESDAY, NOVEMBER 29, 2023

1. **On page 2, outline** why a reassessment of your situation is warranted. If your circumstances have changed since you submitted the original bursary application earlier this term, outline reasons and provide documentation.

Examples:

- if you have had exceptional expenses not covered by insurance since you submitted the bursary application (e.g. emergency dental work, prescription costs, car repair). Attach bill photocopies as documentation.
- if your income has changed since you submitted the bursary application (e.g. no longer working part-time, parents unable to provide funds originally promised, or spouse became unemployed). Attach documentation.

2. **Complete the following budget**, indicating your expenses and income from **NOW** to the end of your current term. If you are married or a single parent make sure you include the expenses and income for your entire family – not just yourself.

The budget covers the period from: _____ to _____
(today's date) *(end of your current term)*

EXPENSES		INCOME	
Rent or mortgage	\$	Bank balance (savings) as of today	\$
Food		Government loans/grants	
Utilities (heat, light, phone, cable)		Sponsor income (Agency, Band, WCB, etc.)	
Transportation (bus pass or car costs)		Part-time income/work study/EI	
Insurance		Spouse's income or EI	
Loan payment (specify)		Child Tax Benefit/BC Family Bonus	
Medical premiums/costs		Daycare subsidy	
Daycare		Child support	
Miscellaneous (daily costs, leisure)		Parent/family contribution	
Personal care (haircuts, toiletries, clothing)		Other resources (specify)	
Other expenses (specify)			
TOTAL	\$	TOTAL	\$

TOTAL EXPENSES	\$	minus TOTAL INCOME	\$	= REQUEST	\$
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This information is collected for the purpose of evaluating your bursary appeal request. I hereby declare that the information I submitted on this application is true and correct.

Student signature	Date
OFFICE USE ONLY	
Bursary	Amount

Describe why a reassessment of your situation is warranted. If your circumstances have changed since you submitted the original bursary application earlier this term, outline reasons and provide documentation.