

# Financial Aid Renewal Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Office of Financial Aid

[University/College Name]

[University Address]

[City, State, Zip Code]

## Dear Financial Aid Committee,

I hope this message finds you well. I am writing to formally appeal the decision regarding my financial aid renewal for the academic year [Insert Year]. I respectfully request a reconsideration of my financial aid package due to [briefly explain your circumstances, e.g., unexpected financial hardship, changes in family income, medical expenses].

My student ID is [Insert Student ID]. I have greatly appreciated the support I received in the previous academic year, which has allowed me to [briefly mention any academic achievements or extracurricular involvement]. However, due to [elaborate on your current financial difficulties], I am concerned about my ability to continue my studies without adequate financial support.

Attached are the necessary documents that provide further insight into my financial situation, including [list of documents, e.g., tax returns, letters of support, medical bills]. I am committed to my education and maintaining my academic performance, and I believe that with your assistance, I can continue to achieve my goals.

Thank you for considering my appeal. I look forward to your positive response and hope to continue my education at [University/College Name]. Please feel free to contact me at [Phone Number] or [Email Address] if you require any further information.

Sincerely,

[Your Name]