

Appeal for Financial Hardship Consideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for consideration of financial hardship regarding my [specify issue, e.g., tuition, loan repayment, medical bills]. Due to [briefly explain your circumstances, e.g., job loss, unexpected medical expenses, etc.], I have found it increasingly difficult to meet my financial obligations.

[Provide more details about your situation, including any additional hardships faced and efforts made to remedy the situation, if applicable.]

I kindly ask for your understanding and support in [state the specific request, e.g., reducing payments, extending deadlines, waiving fees]. I am committed to resolving my financial issues and appreciate any assistance you can provide during this challenging time.

Thank you for considering my appeal. I am hopeful for a compassionate response and am available to discuss this matter further at your earliest convenience.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]