

Financial Aid Appeal for Special Circumstance

Date: [Insert Date]

Your Name: [Insert Your Name]

Your Address: [Insert Your Address]

City, State, Zip: [Insert City, State, Zip]

Email: [Insert Your Email]

Phone Number: [Insert Your Phone Number]

Financial Aid Office

[Insert School's Name]

[Insert School's Address]

City, State, Zip: [Insert School's City, State, Zip]

Dear Financial Aid Officer,

I hope this letter finds you well. I am writing to formally appeal my financial aid package for the [insert academic year] due to special circumstances that have significantly impacted my financial situation.

Due to [briefly explain your special circumstance, e.g., medical expenses, job loss, or family situation], my family and I are facing unexpected financial hardships. Despite our best efforts to manage our finances, the situation has made it increasingly difficult for me to continue my education without additional financial support.

In light of these circumstances, I am requesting a reevaluation of my financial aid eligibility. I have attached the necessary documentation to support my appeal, including [list any attached documents, such as medical bills, termination notices, etc.].

I would greatly appreciate your consideration of my request and any assistance the school can provide in my situation. I am committed to my education and am eager to find a way to make it feasible to continue my studies uninterrupted.

Thank you for your time and consideration. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]