

Financial Aid Appeal for Unexpected Medical Expenses

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Financial Aid Office]

[School Name]

[School Address]

[City, State, Zip Code]

Dear [Financial Aid Officer's Name],

I hope this message finds you well. I am writing to formally appeal my financial aid package due to significant unexpected medical expenses that have arisen this past year. Despite my prior financial planning, these costs have placed an unforeseen burden on my finances.

During the past few months, I have encountered [briefly describe the medical situation, for example, a major surgery, ongoing treatment, etc.], which has resulted in expenses totaling [insert amount]. These expenses were beyond my control and have affected my ability to meet the financial expectations associated with my education.

I am committed to my studies and would greatly appreciate your consideration in reviewing my financial aid status. I believe that with an adjustment to my financial aid package, I can continue my education without the overwhelming stress of my medical bills.

Thank you for considering my request. I am happy to provide any necessary documentation or additional information that may assist in this process.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Student ID Number]