

# Request for Fee Waiver

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a waiver of the [specific fee] due to my current financial hardship. I am [a brief introduction of yourself, your role or position, if applicable].

Due to [briefly explain your situation that has caused financial hardship, e.g., job loss, medical expenses], I am currently facing significant financial challenges that prevent me from affording the fee. This situation has greatly impacted my ability to [mention any pertinent activities, such as pursuing education or accessing services].

I kindly ask you to consider my request for a fee waiver. I am committed to [express your commitment or intention related to the fee, such as continuing education or engaging in activities related to the organization].

Thank you for considering my request. I would be happy to provide any additional information or documentation needed to support my application. I look forward to your understanding and support.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]