

Request for Fee Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a fee waiver for my [tuition/application/other fees] due to my disability. As a student with [specific disability], I face significant challenges that impact my financial situation.

Due to these circumstances, I kindly ask for your support in considering my request for a fee waiver. I believe this assistance will significantly help me continue my education without the added financial burden.

Enclosed are documents that provide evidence of my disability and my current financial status. I appreciate your time and consideration in this matter, and I look forward to your favorable response.

Thank you for your attention to this request.

Sincerely,

[Your Name]