

# Financial Aid Appeal for Additional Family Responsibilities

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Financial Aid Office/Committee Name]

[University/College Name]

[University Address]

[City, State, Zip Code]

Dear [Financial Aid Officer's Name],

I hope this message finds you well. I am writing to formally appeal for a reconsideration of my financial aid award due to unforeseen additional family responsibilities that have arisen this year. As a [your year, e.g., sophomore] student majoring in [Your Major] at [University Name], I have always strived to manage my studies while supporting my family as best as I can.

Recently, my [describe the family situation, e.g., "mother lost her job," "younger sibling requires full-time care"], which has placed a significant financial burden on our household. As a result, I have taken on additional responsibilities, including [list specific responsibilities, e.g., "covering household expenses," "caring for my sibling"], which has directly impacted my ability to contribute financially to my education.

Given these changes, I kindly request a reevaluation of my financial aid package. I am committed to my education and am seeking any additional support you may be able to provide. I have attached relevant documentation to corroborate my circumstances, including [list documents, e.g., "pay stubs, letters from employers"], to support my appeal.

Thank you for considering my request. I appreciate the assistance and support that the financial aid office has provided thus far and hope to receive your understanding and help during this challenging time.

Sincerely,

[Your Name]

[Student ID Number]