

# Request for Financial Aid Reconsideration

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Financial Aid Office  
Name of Institution  
Institution Address  
City, State, Zip Code

Dear Financial Aid Officer,

I hope this message finds you well. I am writing to formally request a reconsideration of my financial aid package for the upcoming academic year due to significant medical expenses that have impacted my family's financial situation.

As documented in the attached medical bills, my family has recently incurred unexpected medical costs related to [specific medical condition or treatment]. These expenses have placed a considerable strain on our financial resources, resulting in a heightened need for assistance.

Despite our initial financial aid award, my family's ability to contribute to my education has decreased as a direct result of these unforeseen circumstances. I am committed to continuing my education at [Name of Institution] and would deeply appreciate your understanding and support during this challenging time.

Thank you for considering my request. I am hopeful for a favorable response and would be happy to provide any additional documentation or information required to support my case.

Sincerely,  
Your Name