

Request for Financial Aid Adjustment Due to Medical Conditions

Date: [Insert Date]

[Financial Aid Office]

[University/College Name]

[University/College Address]

Dear Financial Aid Officer,

I hope this letter finds you well. I am writing to formally request a reconsideration of my financial aid package due to unforeseen medical circumstances that have significantly impacted my financial situation.

Due to [describe medical condition or circumstances briefly], I have incurred additional expenses related to my treatment and care, which were not anticipated at the time my financial aid was awarded. These expenses have caused a considerable strain on my family's finances and my ability to cover educational costs.

As a current student enrolled in [Your Program/Field of Study] with student ID [Your Student ID], I have always strived to maintain my academic performance despite these challenges. I believe this adjustment is crucial for me to continue my education without further financial burden.

I have attached documentation from my healthcare provider outlining my medical condition and associated costs for your review. I kindly ask you to consider my request for an adjustment to my financial aid package, which could greatly assist in alleviating my current financial difficulties.

Thank you for your attention to this matter. I appreciate your understanding and support. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[Your Email Address]

[Your Phone Number]