

Petition for Waiver of Yearly Fees

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a waiver of the yearly fees associated with [specific service, program, or membership] due to [brief explanation of financial hardship or extenuating circumstances].

As a [your position - student/member], I have encountered significant challenges that have impacted my financial situation, including [mention specific circumstances such as job loss, medical issues, etc.]. This has made it increasingly difficult for me to manage the yearly fees while also attempting to maintain [your status or responsibilities].

I kindly ask for your understanding and support in this matter and would greatly appreciate any consideration you can provide regarding this request. I am committed to [mention any relevant contributions, activities, or obligations you uphold with the organization].

Thank you for considering my petition. I look forward to your positive response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]