

Financial Hardship Application Fee Waiver

Date: [Insert Date]

To [Insert Recipient Name]

[Insert Institution or Organization Name]

[Insert Address]

[Insert City, State, Zip Code]

Dear [Insert Recipient Name],

I am writing to formally request a waiver for the application fee due to financial hardship. My name is [Insert Your Name] and I am applying for [Insert Program/Opportunity Name] at [Insert Institution/Organization].

Unfortunately, I am currently facing a challenging financial situation. [Briefly explain your circumstances, e.g., loss of employment, medical expenses, etc.]. As a result, I am unable to afford the application fee.

I am very passionate about [Insert Program/Opportunity] and truly believe that it will help me [Insert your goals or aspirations]. I kindly ask for your consideration in waiving the application fee for me to pursue this opportunity.

Thank you for your understanding and support. I can provide any additional information if needed and look forward to your positive response.

Sincerely,

[Insert Your Name]

[Insert Your Contact Information]

[Insert Your Address]