

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Institution's Name]

[Office of Admissions/Financial Aid]

[Institution's Address]

[City, State, Zip Code]

Dear [Admissions/Financial Aid Officer's Name],

I am writing to support [Applicant's Name] in their request for a waiver of the application fee for [Program/Institution Name]. I have known [Applicant's Name] for [duration] as [his/her/their relationship to you] and can attest to [his/her/their] dedication and hard work.

Due to [briefly explain financial circumstances], [Applicant's Name] is currently facing financial challenges that may hinder [his/her/their] ability to pay for the application fee. I believe that [he/she/they] is a strong candidate for your institution and that waiving the fee would allow [him/her/them] to pursue opportunities that could significantly impact [his/her/their] future.

Thank you for considering this request. If you have any questions or need further information, please feel free to contact me at [your phone number] or [your email address].

Sincerely,

[Your Name]

[Your Position/Title, if applicable]

[Your Organization, if applicable]