

# Financial Aid Renewal Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Financial Aid Office Name]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear Financial Aid Officer,

I hope this message finds you well. I am writing to formally appeal the decision regarding the renewal of my financial aid for the upcoming academic year. My name is [Your Name], and my student ID is [Your Student ID].

Due to [briefly explain the reason for appeal, e.g., unexpected financial hardships, changes in family circumstances, etc.], I am concerned about my ability to continue my studies without adequate financial support. I have attached supporting documentation to further illustrate my situation.

As a [Your Major/Program], I have been committed to my studies, maintaining a [Your GPA/Academic Performance] throughout my time at [Institution Name]. I believe that renewing my financial aid will allow me to continue contributing positively to the campus community and reach my academic and career goals.

I kindly ask you to reconsider my application for financial aid renewal. I appreciate your time and attention to this matter, and I am hopeful for a favorable response.

Thank you for your consideration.

Sincerely,

[Your Name]