

Financial Aid Appeal for Reconsideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

Office of Financial Aid

[University Name]

[University Address]

[City, State, Zip Code]

Dear Financial Aid Officer,

I am writing to formally appeal the decision to deny my financial aid for the [specific term/academic year] at [University Name]. My name is [Your Name], and my student ID is [Student ID]. I believe that there are extenuating circumstances that warrant reconsideration of my financial aid status.

Due to [briefly explain your circumstances such as loss of employment, medical emergencies, family issues, etc.], my financial situation has significantly changed since my initial application. I have attached [list any documents that support your claim, such as tax returns, medical bills, etc.].

I am committed to my education and am currently enrolled in [Your Program of Study]. Continuing my studies is crucial for my future, and the absence of financial aid will greatly affect my ability to remain in school.

Thank you for considering my appeal. I am hopeful for a positive response so I can continue my education at [University Name]. Please feel free to contact me at [Your Phone Number] or [Your Email] for any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]