

Financial Aid Appeal for Urgent Medical Needs

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

Financial Aid Office

[University/College Name]

[Office Address]

[City, State, Zip Code]

Subject: Appeal for Financial Aid - Urgent Medical Needs

Dear Financial Aid Officer,

I hope this letter finds you well. I am writing to formally appeal my financial aid award for the academic year [year]. Due to unforeseen medical circumstances, I am facing urgent financial needs which are drastically affecting my ability to continue my education.

[Briefly explain your medical situation and how it has impacted your financial situation. Include any relevant documentation you have attached with the letter.]

Given these unforeseen circumstances, I kindly request a reevaluation of my financial aid package to assist me in covering the costs of my medical care and continuing my studies. I am committed to my education and want to ensure that I can complete my program without the distraction of financial strain caused by my medical needs.

I appreciate your consideration of my situation and hope to hear back from you soon. Thank you for your understanding and support during this challenging time.

Sincerely,

[Your Name]

[Your Student ID Number]