

# Financial Aid Application Reconsideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Financial Aid Office's Name]

[University/College Name]

[Office Address]

[City, State, Zip Code]

Dear [Financial Aid Officer's Name or "Financial Aid Committee"],

I hope this letter finds you well. I am writing to formally request a reconsideration of my financial aid application for the [academic year/semester] at [University/College Name]. I appreciate the committee's efforts in reviewing my application, but I would like to provide additional information that I believe may impact my eligibility.

Since submitting my application, my financial situation has changed due to [briefly explain your circumstances, e.g., loss of income, medical expenses, family situation, etc.]. As a result, I am in need of additional financial support to continue my education.

I have attached relevant documentation to support my request, including [list any attached documents, e.g., recent tax returns, pay stubs, letters from employers, etc.]. I am hopeful that this information will allow the committee to reconsider my application favorably.

Thank you for considering my request. I appreciate your time and assistance in this matter. Please do not hesitate to contact me if you require any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]