

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Your Email]
[Your Phone Number]
[Date]

Financial Aid Office
[College/University Name]
[Office Address]
[City, State, ZIP Code]

Subject: Financial Aid Appeal Request

Dear [Financial Aid Officer's Name],

I hope this letter finds you well. I am writing to respectfully appeal the financial aid package I was offered for the [Academic Year]. I am grateful for the initial aid offered. However, since completing my FAFSA, my financial situation has changed significantly due to [briefly state your reason—e.g., unexpected financial hardship, medical expenses, change in family income]. This challenge has made it difficult to afford the remaining costs of attendance.

[Explain your situation in more detail. Be specific about what has changed since your initial application—e.g., job loss, medical emergency. If possible, provide dollar amounts or percentages to illustrate the impact.] I have attached [list supporting documents—e.g. termination letters, medical bills, tax returns] to provide a clear picture of my current financial situation.

Given these circumstances, I am kindly requesting a reevaluation of my financial aid package. I would greatly appreciate any additional assistance that would allow me to continue my studies at [College Name]. Without further support, it will be extremely difficult for me to meet my tuition obligations.

Attending [College Name] has been my dream! I am committed to excelling academically and contributing to the campus community. I am proud to share that I have maintained a [GPA or academic achievements] as a student here.

Please let me know if you need any additional information. I appreciate your support and look forward to your response.

Sincerely,
[Your Name]
[Your Student ID]