### horizontal line**Financial Aid Appeal Letter Due to Illness**

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Date]

**Office of Financial Aid**[School Name]  
[School Address]  
[City, State, ZIP Code]

**Subject:** Financial Aid Appeal Due to Illness

**Dear [Financial Aid Office Representative],**

I am writing to request an appeal for my financial aid package for the [academic year/term]. Unfortunately, my financial circumstances have changed due to a severe illness in my family that has created unexpected expenses and financial strain.

[Briefly describe the illness and its impact on your finances, e.g., increased medical bills, loss of income, etc.]

I have attached supporting documentation, including [list documents such as medical bills, doctor’s notes, and financial statements], to provide a clearer picture of our current situation. I kindly request that you reconsider my financial aid package to help alleviate the financial burden caused by this unforeseen circumstance.

Thank you for your time and understanding. I am happy to provide additional information if needed.

**Sincerely,**[Your Full Name]