
Medical Financial Aid Appeal Letter

[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 Medical Expenses

Dear [Financial Aid Office Representative],

I am writing to request a reconsideration of my financial aid package due to significant medical expenses that have arisen this [term/year]. These expenses have created a financial strain that was not anticipated when I initially applied for aid.

[Briefly explain the medical situation, such as ongoing treatment or a recent emergency, and its financial impact. Include details like medical bills, lost income, or other relevant financial challenges.]

I have attached documentation, including [list of documents such as medical bills, insurance statements, or physician letters], to support my request. I kindly ask that you reevaluate my financial aid package to help me manage this unexpected financial burden while continuing my education at [School Name].

Thank you for your time and understanding. I would be happy to provide additional information if necessary.

Sincerely,
[Your Full Name]