
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]