

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Financial Aid Office]  
[University/College Name]  
[Address]  
[City, State, Zip Code]

Dear [Financial Aid Officer's Name or "Financial Aid Committee"],  
Subject: Appeal for Financial Aid Decision

I hope this letter finds you well. I am writing to formally appeal the recent decision regarding my financial aid package for the [academic year/semester]. My name is [Your Name], and I am a [Your Year, e.g., sophomore] studying [Your Major] at [University/College Name], with student ID number [Your Student ID].

[Explain your situation briefly. For example: "Due to unforeseen circumstances such as a loss of income, medical expenses, or family issues, my financial situation has changed since my initial application."]

[Provide specific details to support your appeal. Include any relevant documents or evidence that can substantiate your claims.]

I would like to request a reevaluation of my financial aid status based on the changes to my financial circumstances. I am fully committed to my education and am eager to continue my studies at [University/College Name].

Thank you for considering my appeal. I sincerely hope for a favorable response so that I can pursue my educational goals without financial hardship. Please feel free to contact me at your convenience for any additional information or documentation.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Student ID]