

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

[Recipient's Name]
[Recipient's Title]
[Organization's Name]
[Organization's Address]
[City, State, Zip Code]

Subject: Appeal for WFSA Decision

Dear [Recipient's Name],

I am writing to formally appeal the decision made regarding my WFSA application dated [Original Application Date]. I respect the review process and the conclusions drawn; however, I believe that certain factors warrant a reconsideration of my case.

[Briefly explain the reasons for your appeal. Include any new evidence, clarification, or details that support your position. Be concise and factual.]

I kindly request that you review my appeal and the additional information provided. I believe this insight could significantly impact the outcome of my application.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]