

*[Your Name]*

*[Your Address]*

*[City, State ZIP Code]*

*[Your Phone Number] [Your Email Address]*

*[Date]*

*[Financial Aid Office Name]*

*[Address]*

*[City, State ZIP Code]*

Dear Financial Aid Office,

I am writing to request reconsideration of my financial aid package for the [academic year/semester]. I appreciate the financial aid package offered to me, but due to [provide reason for reconsideration, such as a change in family income or unexpected expenses], I am unable to afford the cost of attendance.

I have attached documentation that supports my financial situation, including [list any relevant documents, such as tax returns or pay stubs].

I am very eager to attend [name of school] and am willing to take on additional work-study or loan options to cover the remaining costs. However, without additional financial aid, I will be unable to attend this school.

I kindly ask that you reconsider my financial aid package in light of my situation. Please let me know if any additional information is required or if there are any other steps, I can take to help facilitate the reconsideration process.

Thank you for your time and attention to this matter. I look forward to hearing back from you soon.

Sincerely,

*[Your Name]*