

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Title]

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my strong interest in the [specific fellowship or specialty training program] at [Institution's Name]. As a [your current position, e.g., resident physician or medical student] with a focus on [your area of interest], I am eager to further my training and contribute to the innovative work being done in your program.

During my [educational and/or professional background, e.g., medical school or residency], I have developed a particular interest in [specific aspects of the specialty or fellowship]. My experience with [relevant experiences, research, or projects] has equipped me with the skills and knowledge necessary to excel in this program.

I am particularly drawn to [mention any specific faculty members, projects, or aspects of the program that interest you] and believe that my background in [your relevant experience] aligns well with the goals of your fellowship.

Thank you for considering my application. I look forward to the opportunity to discuss how my experiences and interests align with the goals of your program.

Sincerely,

[Your Name]