

# Enrollment Reapplication Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally reapply for enrollment in the Addiction Recovery Program at [Program Name]. I previously participated in this program on [dates of previous enrollment], and I believe that returning will significantly benefit my ongoing recovery journey.

Since my last enrollment, I have taken proactive steps towards my recovery, including [briefly describe any related activities, programs, or support you have engaged in]. I am committed to completing the program and implementing the skills I learn to maintain my sobriety.

I am aware of the challenges I faced during my previous attempt, and I have reflected on those experiences. I am now better prepared to engage fully and responsibly in the program.

Thank you for considering my reapplication. I look forward to the opportunity to participate in [Program Name] once again. Please let me know if there are any additional steps I need to complete.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]