

Disability Support Application for Community Program Enrollment

Date: [Insert Date]

To: [Program Coordinator's Name]
[Program Name]
[Program Address]

Dear [Program Coordinator's Name],

I am writing to formally apply for disability support to enroll in [Program Name]. As a [briefly describe your disability], I believe that this program will greatly benefit my [personal development, community engagement, etc.].

I am seeking support in the following areas: [list specific support needs, if applicable]. I am confident that with the necessary accommodations, I will be able to fully participate and contribute to the program.

Attached to this letter are my medical documentation and any other required forms to support my application.

Thank you for considering my application. I look forward to your response.

Sincerely,
[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]