Request for Extension of Program Participation

Date: [Insert Date]

[Recipient's Name]

[Social Service Agency Name]

[Agency Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request an extension of my participation in the [Program Name] at your esteemed agency. My current participation is set to conclude on [Current End Date], and I believe that an extension would greatly benefit my ongoing progress.

Due to [briefly explain reason for extension request, e.g., unforeseen circumstances, need for further assistance, etc.], I am seeking additional time to fully complete the objectives outlined in my initial program plan.

I believe that with the extension, I would be able to [explain how you plan to utilize the extension effectively]. I kindly ask you to consider my request and would be grateful for any support you can provide in this matter.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]