

Letter of Request for Financial Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Organization/Institution Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to request financial assistance for genetic counseling services that I wish to pursue. As someone who [briefly explain your situation, e.g., "has a family history of genetic disorders"], I believe that genetic counseling will provide me with valuable insights and help me make informed decisions about my health and future.

Unfortunately, due to [explain your financial situation or hardships], I am unable to cover the costs associated with these counseling services. After researching available options, I have come to understand that your organization provides assistance to individuals in my situation.

I would greatly appreciate any support you can provide, be it financial aid, suggestions for resources, or any other guidance. Thank you for considering my request. I look forward to your response.

Sincerely,

[Your Name]