

Application for Financial Aid / Charity Care

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 apply for financial aid through the charity care program offered by your organization. Due to [briefly explain your financial situation, e.g., "recent unemployment" or "medical expenses"], I am currently unable to afford the necessary medical care/treatment.

My current income level is [insert income] and my expenses are exceeding my means. I have attached the relevant documents, including [list any attached documents, e.g., "income statements, medical bills, etc."].

I would greatly appreciate the opportunity to receive assistance through your charity care program, which would help me [explain how the assistance will help you, e.g., "continue my treatment without financial burden"].

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

Sincerely,

[Your Name]