

Financial Assistance Application

Date: [Insert Date]

[Fitness Center Name]

[Fitness Center Address]

[City, State, Zip Code]

Dear [Fitness Center Manager's Name],

I am writing to formally request financial assistance for a membership at [Fitness Center Name]. Due to [briefly explain your financial situation, e.g., loss of job, medical expenses], I am currently unable to afford the membership fees.

Staying active is important for my health and well-being, and I believe that being a member of your fitness center would significantly help me achieve my fitness goals. I am committed to maintaining a healthy lifestyle and would greatly appreciate any support you could offer, including discounts or a reduced membership fee.

Thank you for considering my application. I look forward to the opportunity to take part in the programs offered at your facility.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]