

Student Loan Forgiveness Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Loan Servicer's Name]

[Loan Servicer's Address]

[City, State, Zip Code]

Dear [Loan Servicer's Name or "To Whom It May Concern"],

I am writing to formally apply for the student loan forgiveness program available for healthcare professionals. I am a [Your Profession, e.g., Nurse, Doctor, etc.] and have been actively working in [Specify your field, e.g., primary care, community health, etc.] since [Start Date]. I am committed to serving in [Specify underserved areas or populations, if applicable].

My loan details are as follows:

- Loan Account Number: [Your Loan Account Number]
- Loan Type: [Federal/Private]
- Total Amount: [Total Loan Amount]

I have attached all relevant documentation to support my application, including proof of employment, my license, and any other required forms. I am eager to continue my work in healthcare and believe that this forgiveness program will greatly assist in relieving my financial burden.

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

Sincerely,

[Your Name]