

Application for Tobacco Quit Program

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 express my interest in enrolling in the Tobacco Quit Program offered by [Program Name/Organization]. As a committed individual seeking to quit tobacco use, I believe that this program will provide me with the necessary support, resources, and guidance to successfully achieve my goal.

I have been using tobacco products for [number of years] and I am fully aware of the health risks associated with its use. It is my desire to improve my overall health and well-being, as well as set a positive example for my family and friends.

I would appreciate any information regarding the application process, program requirements, and any affiliated resources that might assist me in my journey towards quitting tobacco.

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

Sincerely,

[Your Name]