

Application for Mental Health Financial Support

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request financial support for mental health services. I have been experiencing [briefly explain your mental health condition or challenges] and have been undergoing treatment [mention any relevant therapy or treatment received]. Unfortunately, I am facing financial difficulties that hinder my ability to continue this essential care.

Given the impact of my mental health on my daily life and overall well-being, I am seeking assistance to cover [specify the financial needs, e.g., therapy sessions, medication, etc.]. I believe that with your support, I will be able to continue pursuing my recovery and lead a more fulfilling life.

Enclosed, you will find [list any attached documents, such as a detailed treatment plan, financial statements, etc.], which provide further insight into my situation.

I appreciate your consideration of my request. Please feel free to contact me at [your phone number] or [your email] should you require any additional information or documentation.

Thank you for your support.

Sincerely,

[Your Name]