

****PWD Application Support Letter Template****

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Agency Name]

[Organization/Agency Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Support for PWD Application

I am writing to express my support for [Applicant's Name] in their application for [specific PWD program or support].

[In this paragraph, describe your relationship with the applicant, how long you have known them, and the context of your interactions.]

[In the next paragraph, detail the challenges the applicant faces due to their disability and how receiving support would positively impact their life.]

[Finally, offer any additional information that may support the application and reiterate your endorsement of the applicant.]

Thank you for considering this support letter for [Applicant's Name]. I am confident that they will benefit greatly from the resources and assistance provided through the PWD program.

Sincerely,

[Your Name]

[Your Title/Position, if applicable]

[Your Organization, if applicable]