

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Scholarship Committee's Address]
[Institution/Organization Name]
[City, State, Zip Code]

Dear [Scholarship Committee Chair/Specific Name if known],

Subject: Application for PWD Scholarship Assistance

I am writing to apply for the PWD scholarship assistance for the upcoming academic year. I am a [Your Current Level of Education, e.g., "college sophomore"] pursuing a degree in [Your Field of Study] at [Your Institution's Name].

As a person with a disability, [briefly explain your situation and the challenges you face, e.g., "I have [specific disability], which presents additional financial burdens on my education"].

I am committed to my studies and strive to succeed academically despite these challenges. [Include a sentence or two about your achievements and aspirations.]

I kindly request your support through the PWD scholarship to help alleviate the financial strain and allow me to focus on my studies without the added stress of financial insecurity.

Thank you for considering my application. I look forward to the opportunity to contribute to [Institution/Organization Name] and furthering my education with your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]