

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Your Email Address]  
[Your Phone Number]  
[Date]  
[Loan Forgiveness Program Office Name]  
[Office Address]  
[City, State, ZIP Code]

Dear [Loan Forgiveness Program Coordinator's Name],

Subject: Application for Healthcare Worker Loan Forgiveness

I am writing to formally request consideration for the Healthcare Worker Loan Forgiveness Program. My name is [Your Full Name], and I am currently employed as a [Your Job Title] at [Your Place of Employment] since [Start Date].

Throughout my career, I have been dedicated to providing quality care to patients and contributing positively to the community. I graduated from [Your Institution] with a degree in [Your Degree] in [Year], and I have since accumulated [X years/months] of experience in the healthcare field. I understand that this program aims to support healthcare professionals who are committed to serving in underserved areas and making a meaningful impact in patient care. My current workload includes [Brief Description of Responsibilities], and I have helped [Specific Achievements/Impact on the Community].

Attached are the necessary documents that support my application, including my employment verification, loan statements, and any other required forms.

Thank you for considering my application for loan forgiveness. I look forward to your response and hope to continue my commitment to healthcare with less financial burden.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]