

## Jackson Mooney Dystonia Patient Education Grant

[Date]

Dear Committee Members,

My name is [Your Name], and I am writing to you to apply for The Jackson Mooney Patient Education Grant 2024. I am [Please provide a brief bio which will be used to tell donors about you. Include the type of dystonia you have been diagnosed with.]

I would love to apply for the grant in order to take a [Include your program, name of the university and year of study.]

I am eager to apply for the grant to pursue my [Please describe your passion for your field of study and future academic and professional goals.]

I believe that I am an excellent candidate for this grant for a number of reasons. [List any extracurricular, volunteer, leadership, or entrepreneurial-related experiences and achievements that you have been involved in within the last 5 years. Please indicate the specific activities, your role, and the significance of your experience. Feel free to explain how they contribute to helping others in the community.] My personal story is also unique and inspiring. I have [Please explain your financial situation, as well as any barriers (personal, financial) you have overcome or are still facing in pursuing your education.]

The funds I am requesting will be used to cover [List specific expenses that you will use the financial aid for if you are awarded this grant]. With the support of this grant, I will [Explain your future plans and demonstrate your ability to succeed with this chosen education/career path.]

I am confident that I can use the money to pursue my educational goals and positively impact society. [How would receiving an award impact you, and how will you contribute to the community in the future?]

Thank you for considering my Letter of Intent. I look forward to hearing from you soon.

Sincerely,

[Name]

[Address]

Note: Your letter should be no more than 2 pages. Please use a minimum of 12 size font and single spacing.