

Letter of Interest - Jackson Mooney Dystonia Patient Education Grant

[Date]

Dear Committee Members,

My name is [enter your name], and I am writing to apply for The Jackson Mooney Patient Education Grant. I have been diagnosed with [type of dystonia/other conditions you are facing]. I am currently enrolled/ plan to enroll in [your program, name of the university, and year of study]. I am passionate about [field of study] and aspire to [future academic and/or professional goals].

Currently, I face [explain any personal or financial barriers you have faced in pursuing your education]. The funds from this Grant will be used to cover [list specific expenses the financial aid will address if awarded]. With this Grant, I will be able to [explain how the grant will help you achieve your future plans, demonstrate your ability to succeed in your chosen education/career path, and contribute to the community in the future].

I believe I am an excellent candidate for this Grant [list any extracurricular, volunteer, leadership, or entrepreneurial experiences and achievements within the last 5 years. Include specific activities, your role, and their significance, particularly how they help others in the community].

Thank you for considering my application. I look forward to the opportunity to continue my education with your support.

Sincerely,

[Name]

[Address]

[Phone Number]

Your letter should be no more than 2 pages, using a minimum font size of 12 and single spacing.