



**BRIDGE TO HEALTH NM**  
From where you are to where you want to be.

## **Request for Financial Aid**

Please use this paper to explain anything about your financial situation that is not reflected in your proof of household income. If you would rather email this explanation send to [director@bridgetohealthnm.org](mailto:director@bridgetohealthnm.org). Thank you!

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EXPLANATION:

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