

# Fee Waiver Application Denial Notice

Date: [Insert Date]

Applicant Name: [Insert Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Applicant Name],

We appreciate your recent application for a fee waiver, submitted on [Insert Date of Application]. We have carefully reviewed your application based on the income criteria set forth in our guidelines.

After a thorough evaluation, we regret to inform you that your request for a fee waiver has been denied. Our assessment indicates that your reported income exceeds the thresholds established for fee waiver eligibility.

We understand that this may be disappointing news, and we encourage you to reach out to our department should you have any questions or if you would like to discuss your application further.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Organization/Institution Name]

[Contact Information]