

# Fee Waiver Application Denial

Date: [Insert Date]

[Applicant's Name]

[Applicant's Address]

[City, State, Zip Code]

Dear [Applicant's Name],

Thank you for your application for a fee waiver submitted on [Insert Submission Date]. We appreciate your effort in reaching out to us.

After careful review of your application, we regret to inform you that your request for a fee waiver has been denied. This decision is based on our current policies regarding fee waivers, which stipulate [briefly state policy restrictions, e.g., income limits, eligibility criteria]. Unfortunately, your application did not meet these specific criteria.

We understand that this may be disappointing news. If you believe there are further details you would like us to consider or if your situation changes, please feel free to reapply or reach out to our office for additional assistance.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Institution/Organization Name]

[Contact Information]