

# Fee Waiver Application Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Recipient Name]

[Institution Name]

[Institution Address]

[City, State, ZIP Code]

Dear [Recipient Name],

Thank you for your application for a fee waiver for [specific program or service]. We appreciate your interest in [Institution Name]. After careful review of your application, we regret to inform you that we are unable to grant your request for a fee waiver at this time.

The primary reason for this decision is due to residency issues. According to our policies, applicants must demonstrate [specific residency requirements]. Unfortunately, the information provided in your application did not meet these criteria.

We encourage you to explore other financial assistance options available at [Institution Name] or consider reapplying for fee waiver eligibility in the future should your residency status change.

Thank you for your understanding. If you have any questions regarding this decision, please do not hesitate to contact us at [Contact Information].

Sincerely,

[Your Name]

[Your Position]

[Institution Name]