

# Fee Waiver Application Denial

Date: [Insert Date]

Applicant Name: [Insert Applicant Name]

Applicant Address: [Insert Applicant Address]

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

Dear [Insert Applicant Name],

Thank you for your recent application for a fee waiver based on financial hardship. We have carefully reviewed your request, along with supporting documentation provided.

After a thorough evaluation, we regret to inform you that we are unable to approve your request for a fee waiver. Unfortunately, the information provided did not meet the criteria necessary for assistance.

If you would like to discuss this decision further or provide additional information, please feel free to contact our office at [Insert Contact Information].

We appreciate your understanding in this matter.

Sincerely,

[Insert Name]

[Insert Title]

[Insert Organization]