

Fee Waiver Application Denial

Date: [Insert Date]

Applicant Name: [Insert Applicant Name]

Applicant Address: [Insert Address]

Dear [Applicant Name],

We regret to inform you that your application for a fee waiver has been denied. After carefully reviewing your request, we found that it did not meet the necessary criteria required for approval.

However, you have the right to appeal this decision. If you believe that there are additional circumstances or documentation that were not considered in your initial application, we encourage you to submit an appeal. Please follow the steps below:

Appeal Process:

1. Prepare a written statement outlining your reasons for the appeal.
2. Include any new evidence or documentation that supports your case.
3. Submit your appeal to [Insert Appeal Submission Address or Email] by [Insert Deadline Date].

We appreciate your understanding, and if you have any questions regarding the appeal process, please do not hesitate to contact us at [Insert Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Institution/Organization Name]