

Fee Waiver Application Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

We appreciate your recent application for a fee waiver. After careful review, we regret to inform you that your request has been denied. This decision is based on the fact that previous approvals for fee waivers under similar circumstances have been re-evaluated in light of updated guidelines.

We recognize and acknowledge the significance of financial assistance; however, our current policy no longer allows for waivers in cases that were previously approved and now conflict with our established criteria.

If you have any questions or would like to discuss your situation further, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Title]

[Institution/Organization Name]