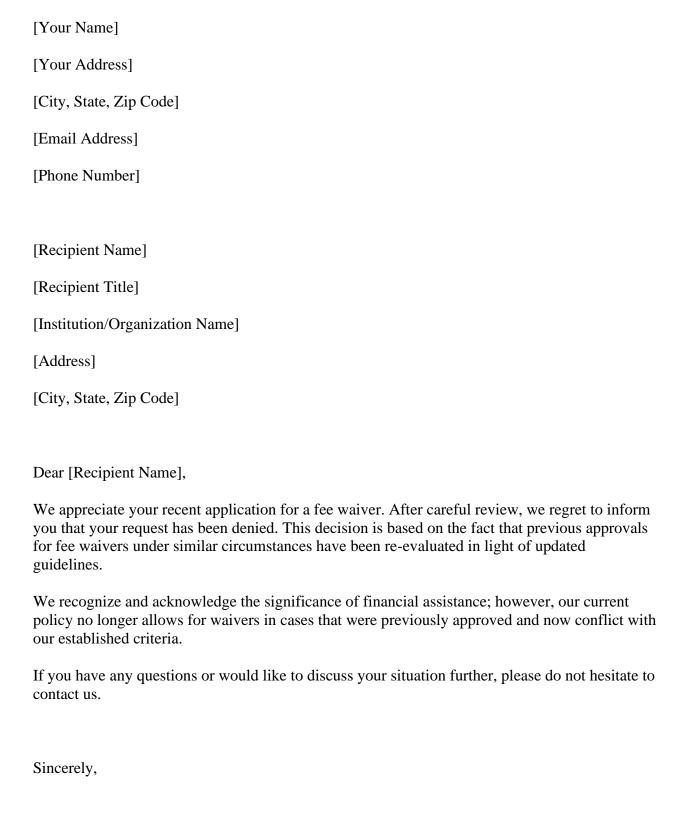
Fee Waiver Application Denial

Date: [Insert Date]



[Your Name]

[Your Title]

[Institution/Organization Name]