

Financial Aid Office

Date: [Insert Date]

[Student's Name]

[Student's Address]

[City, State, Zip Code]

Subject: Denial of Financial Aid Eligibility

Dear [Student's Name],

We hope this message finds you well. After careful review of your application for financial aid for the [Academic Year/Semester], we regret to inform you that you do not meet the eligibility criteria for assistance. This decision is based on [brief explanation of the reason for denial, such as "insufficient financial need" or "failure to meet academic progress requirements"].

We encourage you to review your financial situation and consider reapplying in the future. If you believe this decision is in error, you may appeal by providing additional documentation to support your case.

For further information or assistance, please do not hesitate to contact our office at [Office Phone Number] or [Email Address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

Financial Aid Office

[Institution's Name]

[Institution's Address]

[City, State, Zip Code]