

Financial Aid Ineligibility Notification

Date: [Insert Date]

[Student's Name]

[Student's Address]

[City, State, Zip Code]

Dear [Student's Name],

We hope this message finds you well. This letter is to inform you that after reviewing your financial aid application for the [insert academic year] academic year, we regret to inform you that you are not eligible for financial aid.

The reasons for this ineligibility may include but are not limited to:

- Insufficient academic progress
- Incompleteness of required documentation
- Income exceeding the established limits
- Failure to meet enrollment requirements

We encourage you to review your application and associated documents. If you believe this decision is in error or if you have any questions regarding your status, please feel free to contact our office at [insert phone number] or email us at [insert email address].

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

[Office of Financial Aid]

[Institution Name]

[Contact Information]