

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Organization/Institution Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally appeal the decision regarding my fee waiver application submitted on [date of application submission]. I understand that my initial request was denied based on [reason for denial], but I would like to provide additional context and information that I believe warrant reconsideration of my application.

[Explain your circumstances, such as financial hardship, changes in your situation, or any other relevant details that support your case. Be specific and factual.]

Given this information, I respectfully request that you review my application once more. I truly appreciate the consideration of my situation and hope for a positive resolution.

Thank you for your time and understanding.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]