

## AWARD CHANGE REQUEST FORM

**Academic Year 2026-2027**

**DIRECTIONS** — If you would like to increase, reduce, cancel, add, or otherwise revise any of your financial aid awards, complete and return this form to the Office of Financial Aid in-person, via email, or through our secure file upload.

**Return this form to:**  
Office of Financial Aid – Old Main 250  
**Email:** [Finaid@stmartin.edu](mailto:Finaid@stmartin.edu)  
**Phone:** (360) 688-2150  
**Upload via Secure File Upload:**



PART A. Student information					
Name (last, first, middle initial)	Student ID# 000	Phone (include area code)			
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)					
PART B. Award Change Request					
I am requesting the following revision to my award letter:					
		Requested Award Amount Per/Semester			
Change	Name of Award	SUMMER	FALL	SPRING	New Amount Total Requested
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decline <input type="checkbox"/> Revise/Add		\$	\$	\$	\$
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decline <input type="checkbox"/> Revise/Add		\$	\$	\$	\$
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decline <input type="checkbox"/> Revise/Add		\$	\$	\$	\$
Notes: ____ (Initial) I want to adjust my loans to cover my exact balance for the ____ Summer ____ Fall, or ____ Spring semester(s).					
Student Signature				Date	
X					

Office of Financial Aid Use Only:  
Scanned to Jbod: \_\_\_\_\_  
Processed by: \_\_\_\_\_  
Global Comments in PFAIDS: \_\_\_\_\_