



FAMILY DISCOUNT AWARD APPEAL FORM

DIRECTIONS — List the names of the relative(s) who are currently enrolled at Saint Martin's University. We will verify their enrollment and determine your eligibility for a \$1,000 Family Discount Award. A new form each academic year is required to receive this.

Return this form to:

Office of Financial Aid, Old Main 250

Email: 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 (including area code)
Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country)		
PART B – Family Member Information		
Name of Family Member(s)	Relationship to Student	Year in School
<p><i>Please note: This form cannot be used for more than one award. Each family member enrolled at Saint Martin's University must complete this form in order to receive the Family Discount Award.</i></p>		
Student Signature X	Date	

Office of Financial Aid Use Only:

Scanned to Jbod: _____

Processed by: _____

Global Comments in PFAIDS: _____