



AWARD CHANGE REQUEST FORM

Academic Year 2024-2025

DIRECTIONS — If you would like to increase, reduce, cancel, or accept any of your financial aid awards, complete and return this form to the Office of Financial Aid.

Return this form to:

Office of Financial Aid – Old Main 250

Email: Finaid@stmartin.edu

Phone: (360) 688-2150

Upload via Secure Drop Box:



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 Revision Request

I am requesting the following revision to my award letter:

		Requested Award Amount		Per / Semester	New Amount Total Requested
Change	Name of Award	SUMMER	FALL	SPRING	
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decline <input type="checkbox"/> Revise/Accept		\$	\$	\$	\$
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decline <input type="checkbox"/> Revise/Accept		\$	\$	\$	\$
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decline <input type="checkbox"/> Revise/Accept		\$	\$	\$	\$

Notes:

Student Signature	Date
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Office of Financial Aid Use Only:

Scanned to Jbod: _____

Processed by: _____

Global Comments in PFAIDS: _____