



## AWARD CHANGE REQUEST FORM

**Academic Year 2025-2026**

**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](mailto:Finaid@stmartin.edu)  
**Phone:** (360) 688-2150  
**Upload via Secure File Upload**



### PART A. Student information

|                                    |                    |                           |
|------------------------------------|--------------------|---------------------------|
| Name (last, first, middle initial) | Student ID#<br>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:

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

Notes:

|                   |      |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

Office of Financial Aid Use Only:

Scanned to Jbod: \_\_\_\_\_

Processed by: \_\_\_\_\_

Global Comments in PFAIDS: \_\_\_\_\_