

FAMILY DISCOUNT AWARD APPEAL FORM

Academic Year 2025-2026

DIRECTIONS — Undergraduate must 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 the renewable \$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 (include 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	Family Member(s) Year in School

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.

Student Signature X	Date
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Office of Financial Aid Use Only:

Scanned to Jbod: _____

Processed by: _____

Global Comments in PFAIDS: _____