

## **LEGACY AWARD APPEAL FORM**

DIRECTIONS — List the names of all relatives who have graduated from Saint Martin's University. You can also receive this award if you are related to one of our monastic members. We will verify the information and determine your eligibility for the Legacy Award.

## Academic Year 2021-2022

## Return this form

Mail:

Student Financial Services Saint Martin's University 5000 Abbey Way SE Lacey, WA 98503

Email: finaid@stmartin.edu

**Phone**: (360) 438-4397 **Fax**: (360) 412-6190

PART A - Student information				
Name (last, first, middle initial)	Student ID#	Phone (inclu	Phone (include area code)	
Current mailing address (street, apartment or PO Box n	number, city, state, ZIP code, coul	ntry)		
PART B – Family Member Info	rmation			
Names of Family Members	Relationship to You		Family Member's Graduation Year	
<b>Description of the Legacy/Mon</b> If your brother, sister, mother, fat may be eligible to receive a \$2,00 related to one of our monastic mo	her or grandparent 00 Legacy Award. `	graduated from	om Saint Martin's University, you	
Please note: This form cannot be used for University must complete this form in or		•	ember who is enrolled at Saint Martin's	
Student Signature			Date	