

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 2022-2023

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 (incli	Phone (include area code)	
Current mailing address (street, apartment or PO Box n	umber, city, state, ZIP code, cou	ntry)		
PART B - Family Member Info	rmation			
Names of Family Members	Relationship to You		Family Member's Graduation Year	
Description of the Legacy/Mon If your brother, sister, mother, fat may be eligible to receive a \$2,00 related to one of our monastic me	her or grandparent 00 Legacy Award. <mark>`</mark>	graduated fr	om Saint Martin's University	
Please note: This form cannot be used for University must complete this form in or			ember who is enrolled at Saint Mar	rtin's
Student Signature			Date	