

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 2024-2025

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	ON				
Name (last, first, middle initial)		Student ID#		Phone (include area code)	
Current mailing address (street, apartmen	t or PO Box n	umber, city, state, ZIP	code, o	country)	
PART B – FAMILY MEMBER INFO	ORMATION				
Names of Family Members	Names of Family Members Relationship to You			Family Member's Graduation Year	
Description of the Legacy/Monas If your sibling(s), mother, father or go be eligible to receive a \$2,000 Legatione of our monastic members. Please note: This form cannot be used to the content of th	grandparent acy Award. \	(s) graduated from You can also recei	Saint	t Martin's University, you may s award if you are related to	
Martin's University must complete this					
Student Signature			I	Date	
х					
Office of Financial Aid Use Only: Scanned to Jbod: Processed by: Global Comments in PFAIDS:					