

Global Comments in PFAIDS:

## **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 2025-2026

Return this form to:

Office of Financial Aid - Old Main 250

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



		Programme Control
PART A - STUDENT INFORMATIO	N	
Name (last, first, middle initial)	Student ID#	Phone (include area code)
Current mailing address (street, apartment	or PO Box number, city, state, ZIP co	de, country)
PART B – FAMILY MEMBER INFO	RMATION	
Names of Family Members	Relationship to You	Family Member's Graduation Year
Description of the Legacy/Monast If your sibling(s), mother, father or grown be eligible to receive a \$2,000 Legacy one of our monastic members.  Please note: This form cannot be used form Martin's University must complete this form	randparent(s) graduated from S cy Award. You can also receive or more than one award. Each fam.	eaint Martin's University, you ma this award if you are related to tily member who is enrolled at Saint
Student Signature		Date
x		
Office of Financial Aid Use Only: Scanned to Jbod: Processed by:		