



Saint Martin's
UNIVERSITY

Return this form to:
Office of Financial Aid
Old Main 250
Email: Finaid@stmartin.edu
Phone: (360) 688-2150

Student Last Name _____ First Name _____ M.I. _____
Saint Martin's Student ID #: 000
Example: P000123456

2024-2025 MULTIPLE FAMILY MEMBERS IN COLLEGE FORM

Students who have multiple family members in college are eligible for a \$1,000 scholarship for the school year.

IMPORTANT INFORMATION

- Family member must be currently enrolled in college.
- Documents are REQUIRED and must be received in order for this scholarship to be added to your student account

Name of Family Member in College: _____

Academic Year: _____

College Name: _____

College City and State: _____

APPLICABLE DOCUMENTS: *(Only 1 document is required)*

_____ Unofficial Transcript

_____ Enrollment Verification from the Registrar's Office

_____ Billing Statement

_____ Other (Signed Letter from Staff/Faculty, Schedule, etc.)

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Family Member Signature: _____

Date: _____

Office of Financial Aid Use Only:

Scanned to Jbod: _____

Processed by: _____

Global Comments in PFAIDS: _____