

Processed by: \_\_\_\_

Global Comments in PFAIDS:

## Return this form to:

Office of Financial Aid - Old Main 250

Email: Finaid@stmartin.edu
Phone: (360) 688-2150

## **Multiple Family Members in College Form**

## 2025-2026 Academic Year

		Saint Martin's 000 Student ID #:		
Student Last Name	First Name	M.I.	Example: P000	123456
Students who have mult	ciple family members in co	ollege are eligible fo	or a \$1,000 scholarship for the sch	hool year.
	***IMPORT	ANT INFORMATIO	N***	
<ul> <li>Family member r</li> </ul>	must be currently enrolle	d in college.		
<ul> <li>Documents are R</li> </ul>	REQUIRED and must be re	ceived in order for	this scholarship to be added to yo	our
student account				
Name of Family Membe	r in College:			
Academic Year:			<u>-</u>	
College Name:				
College City and State: _				
APPLICABLE DOCUMEN	TS: (Only 1 document is r	equired)		
Unofficial Transo	cript			
Enrollment Verif	fication from the Registra	r's Office		
Billing Statemen	t			
Other (Signed Le	etter from Staff/Faculty, S	schedule, etc.)		
Student Signature:			Date:	
			Date:	
	re:		Date:	
Office of Financial Aid St	aff Signature:		Date:	
Office of Financial Aid Us Scanned to Jbod:	e Only:			