



AWARD CHANGE REQUEST FORM

Academic Year 2018–2019

DIRECTIONS — If you would like to increase, reduce, or cancel any of your financial aid awards, complete and return this form to the Student Financial Services Office.

Return this form

By mail to:
Student Financial Services
Saint Martin's University
5000 Abbey Way SE
Lacey, WA 98503

Phone: (360) 438-4397
Fax: (360) 412-6190

PART A - Student information

| | | |
|--|-------------|---------------------------|
| Name (last, first, middle initial) | Student ID# | Phone (include area code) |
| Current mailing address (street, apartment or PO Box number, city, state, ZIP code, country) | | |

PART B – AWARD REVISION REQUEST

I am requesting the following revision to my award letter:

| Change | Name of Award | Requested Award Amount Per / Semester | | | Total Requested |
|---|---------------|--|--------|--------|-----------------|
| | | FALL | SPRING | SUMMER | |
| <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decline <input type="checkbox"/> Revise | | | | | |
| <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decline <input type="checkbox"/> Revise | | | | | |
| <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Decline <input type="checkbox"/> Revise | | | | | |

Notes:

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|