



HEAPS Grant Qualification Form

If you think you qualify for the HEAPS Grant and are interested in applying, please complete the following information. Detach this portion and return to Glenville State.

Name: _____

Student ID Number: _____ Date of Birth: _____

Address: _____

Phone Number: _____

Semester you wish to be considered: Fall Spring Year: _____

Number of hours you plan to take: _____

Return form to:

Financial Aid Office
Glenville State College
200 High St.
Glenville, WV 26351

(304) 462-4103 FAX: (304) 462-4407
www.glenville.edu