



# GLENVILLE STATE

## PARENT LOAN APPLICATION

Academic School Year\_\_\_\_\_

Loan Amount Requested \$\_\_\_\_\_ (do not leave blank)

Applying for: \_\_\_full academic year, \_\_\_fall only, \_\_\_spring only (check one)

Parent Name (please print)\_\_\_\_\_  
(only *one* parent whose name will be on loan)

Parent Address\_\_\_\_\_  
\_\_\_\_\_

Parent Social Security No.\_\_\_\_\_

Parent Date of Birth\_\_\_\_\_

Parent Telephone Number\_\_\_\_\_ E-mail address\_\_\_\_\_

US Citizen (Yes or No)\_\_\_\_\_ If "no", give Alien Registration #\_\_\_\_\_

Parent Driver's License Number\_\_\_\_\_ State\_\_\_\_\_

Are you (the parent) currently in default on a federal education loan, or do you owe a refund on a federal student grant? (Yes or No)\_\_\_\_\_

By signing this document, I am giving my permission to the Glenville State Financial Aid Office to send this loan to the Department of Education for processing which includes a credit history check.

**\*\*If this parent loan is approved, and it overpays the student's account, please indicate who should receive the credit balance check: (indicate below)**

\_\_\_\_\_Mail to parent at above address OR \_\_\_\_\_Allow student to receive

I certify that the above is true and correct to the best of my knowledge.

Parent Signature\_\_\_\_\_ Date:\_\_\_\_\_

Student Name\_\_\_\_\_ Social Security#\_\_\_\_\_ Student ID#\_\_\_\_\_

Return form to: Glenville State  
Financial Aid Office  
200 High Street  
Glenville, WV 26351

Phone: 304/462-4103  
Fax #: 304/462-4407  
Website: [www.glenville.edu](http://www.glenville.edu)