



# GLENVILLE STATE COLLEGE

## PARENT LOAN APPLICATION

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

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

Applying for (check one): \_\_\_\_\_ full academic year, \_\_\_\_\_ fall only, \_\_\_\_\_ spring only

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

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) \_\_\_\_\_

**\*\*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

\_\_\_\_\_ Direct Deposit to parent bank account  
(Please contact Cashier's Office at 304-462-6190 for direct deposit form)

\_\_\_\_\_ Allow student to receive

\_\_\_\_\_ Direct Deposit to student bank account  
(Please contact Cashier's Office at 304-462-6190 for direct deposit form)

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.

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

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

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)