



## PARENT PLUS LOAN APPLICATION

For: Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

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

Loan Amount Requested \$ \_\_\_\_\_ (do not leave blank and complete with a dollar amount)

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

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

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

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

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

US Citizen? (write "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 below who should receive the credit balance check:

\_\_\_\_\_ 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: \_\_\_\_\_

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)