



# GLENVILLE STATE

## PARENT LOAN APPLICATION

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

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

This amount is for: the 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 \_\_\_\_\_

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

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

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.

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

Parent  
signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Name \_\_\_\_\_

Student Social Security No. \_\_\_\_\_

Student Identification # \_\_\_\_\_

Return 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)