



GLENVILLE
STATE UNIVERSITY

PARENT LOAN APPLICATION

Student Name _____ Student's Social Security Number _____

Student ID _____ Academic School Year _____

Applying for (check one): _____ full 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 _____
Street City State Zip

Parent Telephone Number _____

Parent E-mail Address _____

Parent Social Security Number _____ Parent Date of Birth _____

US Citizen Yes _____ 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 _____ No _____

****Choose an option below.** If this parent loan is approved, and it overpays the student's account, the check will be made out in the **student's name**. Please keep this in mind when choosing who should receive the credit balance check. If choosing one of the Direct Deposit options, you will need to contact the Cashier's Office at 304-462-6190 for the direct deposit form and any additional documents needed.

- _____ Mail to parent at above address _____ Direct Deposit to parent bank account
_____ Allow student to receive _____ Direct Deposit to student bank account

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

Mail: Office of Financial Aid
Glenville State University
200 High Street
Glenville, WV 26351

Email: financial.aid@glenville.edu

Secure Upload – [Cognito Forms](#)

For Questions

Phone: 304-462-6103
Email: financial.aid@glenville.edu