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   For Questions

Mail: Office of Financial Aid   Phone: 304-462-6103
         Glenville State University   Email: financial.aid@glenville.edu
         200 High Street
         Glenville, WV 26351

Email: financial.aid@glenville.edu

Secure Uploa