



STUDENT DATA SHEET 2023-2024

SECTION A: TELL US ABOUT YOURSELF

| | | | | |
|---------------------------------------|-------------------------|--|----------------|----------------|
| Last Name | First Name | M.I. | (Maiden) | Marital Status |
| Permanent Address | Apt. # | City | State | Zip Code |
| / / | / / | / / | () | / / |
| Social Security Number | GSU ID# (Last 8 digits) | Date of Birth (mm/dd/yyyy) | (Area Code) | Phone Number |
| Driver's License # and State of Issue | State of Residence | Date you became a resident of this state | E-mail Address | |

SECTION B. INTENDED LIVING ARRANGEMENTS:

- Campus Housing -- *Campus Housing Application: <https://www.glenville.edu/student-life/forms>*
 - Off Campus Without Parents
 - Off Campus With Parents -- *Students must be approved to live off campus by the Office of Student Life*
- Off Campus Housing App: <https://www.cognitofrms.com/GlenvilleStateCollege1/REQUESTTORESIDEOFFCAMPUS>***

Are you enrolled in the Online Degree program? Yes No

If yes, are you a Military Veteran or First Responder?

Are you enrolled in the Graduate Degree Program? Yes No

SECTION C: EDUCATIONAL HISTORY

Have you attended any schools since high school? Yes No If yes, please list all **school(s)** and **date(s) attended:**

_____ From: ____/____/____ to ____/____/____

_____ From: ____/____/____ to ____/____/____

SECTION D: ANTICIPATED ASSISTANCE

Will you receive Educational Benefits from Veteran's Benefits, National Guard, Worker's Compensation, Rehabilitation, JTPA/WIA, AmeriCorps, Promise or **any outside scholarships?** Yes No

If so, list type and anticipated yearly amount:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ **Student Signature** _____ **Date**

Return form to

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

For Questions

Phone: 304-462-6170
Email: financial.aid@glenville.edu

Email: financial.aid@glenville.edu

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