



# GLENVILLE STATE COLLEGE

## STUDENT DATA SHEET 2019-2020

### 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	GSC ID# (Last 8 digits)	Date of Birth (mmddyyyy)	(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 (Students are required to live in campus housing unless an exemption form is approved by the Student Life Office).

[http://www.glenville.edu/docs/life\\_Off\\_Campus\\_Housing\\_Request.pdf](http://www.glenville.edu/docs/life_Off_Campus_Housing_Request.pdf)

\_\_\_\_\_ Off Campus Without Parents

\_\_\_\_\_ Off Campus With Parents

Are you enrolled in the online 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: **Office of Financial Aid**  
**Glenville State College**  
**200 High Street**  
**Glenville, WV 26351**  
**(304) 462-4103 office**  
**(304) 462-4407 fax**  
[financial.aid@glenville.edu](mailto:financial.aid@glenville.edu)