This document was submitted to the 2020 Annual Survey of Higher Education in Prison for inclusion in the National Directory of Higher Education in Prison Programs (https://www.higheredinprison.org/national-directory). The document was created by and remains under the sole ownership of the individual higher education in prison program. Further, the document was not edited, modified or otherwise altered by the Research Collaborative on Higher Education in Prison at the University of Utah, the Goldman School of Public Policy, University of California, Berkeley and/or the Alliance for Higher Education in Prison.

To learn more about the Higher Education in Prison Landscape Project, visit: https://www.higheredinprison.org/higher-education-in-prison-landscape-project

The Alliance for Higher Education subscribes to the Creative Commons Attribution: NonCommercial-ShareAlike (CC BY-NC-SA). All materials shared in the National Directory of Higher Education in Prison Programs will follow this license. This copyright licensing allows others to remix, adapt, and build upon work for non-commercial purposes, as long as they credit and license their new creations under the identical terms.
Second Chance Pell Program (SCP)

Below are the qualifications for becoming enrolled in the SCP Program.

1. You must have a release date.
2. You must not have an involuntary civil commitment after incarceration for sexual offenses.
3. You must not be in default on your student loans.
   a. If you are in default there are options for you to get into good standing with your loan provider. Please fill out the attached packet and we will provide that information to you.
   b. It takes at least six (6) monthly payments to get into good standing. Please continue to make those payments. After the seventh (7) month we will revisit your application for admission.
   c. While you are in payment please continue to submit your documentation for full admission so that once you are in good standing with your loan provider you may be review for admission into the program.

Application Packet

This is the packet that you need to complete to begin the application process. Completion of this packet will provide us with the information needed to see if you meet the minimum qualifications for the program. This packet will also provide you with all of the information that you will need to provide to Glenville State College for admission into an academic program. It is the responsibility of the student to request and provide all documentation required for full admission into an academic program to Glenville State College.

If, after completing this packet, you have additional questions please let your Education Coordinator know so that you will be provided an opportunity to speak with the SCP Program Coordinator.

Space is limited so if you ever decide to not continue in the program you need to let the Education Coordinator know so that you may be removed from the list. Admission into the program is contingent upon the approval of the facility to permit your participation. If the facility requests your removal due to rules they have we will not override that decision.

Once enrolled you must follow all requirements for continued enrollment with GSC. A current copy of the college catalog has been provided for display in the library of your facility. Please refer to this reference prior to bringing any issues to the attention of the Program Coordinator. Any communication which requires submitting requests to instructors after the semester has ended should be directed to the Program Coordinator for facilitation.

By signing below I am verifying that the information provided in this packet is complete and accurate to the best of my knowledge.

_________________________________________ __________________________
Signature Date

Please remember to sign and date everything.
Second Chance Pell Program (SCP)

Briefly describe your educational credits based on previous college and/or military training. (What was your major, completed courses, training?)

________________________________________________________________________
________________________________________________________________________

What is your estimated release date?
________________________________________________________________________

Where will you be located?
________________________________________________________________________
________________________________________________________________________

What are your job interests?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please remember to sign and date everything.
### Personal Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Middle Name</th>
<th>Preferred Name</th>
<th>Other Legal Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCI Gilmer</td>
<td>Glenville</td>
<td>WV</td>
<td>26351</td>
<td>Gilmer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 6000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Registration Number</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Marital Status</th>
<th>Ethnicity</th>
<th>Citizenship</th>
<th>Visa Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Male</td>
<td></td>
<td>❏ American Indian/Alaska Native</td>
<td>☑ U.S. Citizen</td>
<td></td>
</tr>
<tr>
<td>❏ Female</td>
<td>⬜ Single</td>
<td>☑ Asian</td>
<td>❏ U.S. Permanent Resident</td>
<td>❏ 2 or More Races:</td>
</tr>
<tr>
<td>❏ Single</td>
<td>☑ Married</td>
<td>☑ Black/African American</td>
<td>❏ Caucasian/White</td>
<td></td>
</tr>
<tr>
<td>❏ Married</td>
<td>❏ Divorced</td>
<td>☑ Hispanic/Latino</td>
<td>❏ Native Hawaiian/Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>❏ Divorced</td>
<td>❏ Separated</td>
<td>❏ Other:</td>
<td>❏ 2 or More Races:</td>
<td></td>
</tr>
</tbody>
</table>

### Academic Information

I am applying as a...: [ ] 1st Time Freshman [ ] Re-Admission [ ] Transfer

Have you previously attended Glenville State College?: [ ] Yes [ ] No (if yes, indicate dates enrolled): __________

High School Diploma?: [ ] Yes

<table>
<thead>
<tr>
<th>High School Name</th>
<th>County (if West Virginia)</th>
<th>State</th>
<th>GPA</th>
<th>Grad Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GED?:</th>
<th>State</th>
<th>Grad Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have taken or plan to take: [ ] ACT (Score: ____ ) [ ] SAT (Score: ____ )

<table>
<thead>
<tr>
<th>Colleges Attended (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>College 1 Name</td>
</tr>
<tr>
<td>College 2 Name</td>
</tr>
<tr>
<td>College 3 Name</td>
</tr>
</tbody>
</table>

Total Credits: _______

Total GPA: _______

### Intended Major or Field of Study

[ ] Business (AS)

[ ] Business Management (BSBA)

### Signature & Authorization

My signature authorizes my current and/or previous high school and/or colleges to provide official transcripts and test scores to Glenville State College.

I certify that the information provided on this application is complete and accurate to the best of my knowledge. I understand that I am responsible for requesting official transcripts from all previously attended institutions (high school and/or colleges and universities) and that such transcripts become property of Glenville State College and will not be returned to me. I also understand that acceptance to the college is subject to verification of official records sent directly from the institutions I have attended.

Signature: ____________________________ Date: ____________

Notice of Non-Discrimination:

Glenville State College is committed to providing and maintaining a learning and working environment that is free from any form of illegal discrimination or harassment in accordance with federal, state and local law, including Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VI and Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Amendments Act, the Age Discrimination in Employment Act, the West Virginia Human Rights Act and their implementing regulations. Specifically, the College does not discriminate on the basis of sex, age, race, color, national origin, disability, religion, veteran status, or any other characteristic protected by federal, state and local law in recruitment, admission, educational programs, College activities or employment. There will be no retaliation against any individual who makes a good faith report of discrimination or harassment or participates in or cooperates with any investigation of alleged discrimination or harassment.
The Family Educational Rights and Privacy Act (FERPA) affords students (and in some instances parents of dependent students) certain rights with respect to their educational records. They are:

1. The right to inspect and review the student’s educational records within 45 days of the day Glenville State College receives a request for access;
2. The right to request the amendment of the student’s educational records that the student believes is inaccurate or misleading;
3. The right to consent of disclosures of personally identifiable information contained in the student’s educational records, except to the extent that FERPA authorized disclosure without consent;
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by Glenville State College to comply with the requirements of FERPA.

Glenville State College has designated, in accordance with FERPA, the following categories of releasable information about students as “directory information”. Directory information can be released by the College without the consent of the student. If a student does not wish for the release of “directory information”, the student must submit a signed “Request to Prevent Disclosure of Directory Information” form to the Registrar’s Office.

Directory information is: 1) Name; 2) address; 3) telephone number; 4) date of birth; 5) GSC email; 6) grade level; 7) field of study; 8) photograph; 9) enrollment status; 10) degrees and awards received; 11) participation in officially registered activities and sports; 12) weight and height of members of athletic teams; 13) dates of attendance; 14) schools attended.

FERPA FORMS AND DIRECTIONS

FERPA: Family Educational Rights and Privacy Act Release Form

This form is required if you wish someone other than yourself to have access to your education records. Complete form with your full name and GSC student ID#. Acknowledge consent of release of education records by checking box. Enter names of individuals or agencies you are giving consent to have access to your records. Form will not be processed if the box is checked and no recipients are listed. You must also include a FERPA password or access to your records to any recipients listed will not be permitted over the phone or via email. Sign, date and submit form to the Registrar’s Office.

FERPA Revocation Form

This form is required if you have a FERPA Release Form on file with the Registrar’s Office and you no longer wish to give consent for release of your education records to an individual or agency which was indicated on the original release form or you wish to remove the FERPA form entirely from your student record. Complete form with your full name and GSC student ID#. Acknowledge consent of removal of an individual/agency and list the name you wish to remove or request to revoke FERPA release by checking appropriate box. Sign, date and submit the form to the Registrar’s Office.

Request to Prevent Disclosure of Directory Information

Directory information (listed above) can be released without the consent of the student. This form is required if you wish to prevent disclosure of your directory information or to remove a previous request to prevent disclosure on file in the Registrar’s Office. Please keep in mind, if you choose to withhold directory information, College officials will not be able confirm your enrollment or degrees awarded with third parties such as potential employers or insurance companies. Complete form with your full name and GSC Student ID#. Sign, date and submit form to the Registrar’s Office. If removing previous prevention on file, check box at bottom of form, sign and date.
This form is to be used for the purpose of assigning rights of access to your Glenville State College education records under the Family Educational Rights and Privacy Act of 1974, commonly known as FERPA or the Buckley Amendment. FERPA is a federal law that protects the privacy of student education records.

Glenville State College is bound by FERPA in matters pertaining to rights of access and the disclosure of information in your educational records. Subject to FERPA requirements and provisions, the College may provide access to said information in accordance with your declaration, as indicated below. (NOTE: Your declaration on this form will take precedence in any instance of a conflicting declaration made by you on other GSC forms.)

Please check the applicable statement below, then sign, date, and submit this form to the Office of the Registrar.

☐ I consent to release or disclose my education records to the recipient(s) below.

__________________________________________________________
__________________________________________________________
__________________________________________________________

TELEPHONE/E-MAIL ACCESS PASSWORD: A FERPA password must be used by the individuals named above when requesting information via phone or e-mail. Access will not be permitted over the phone or e-mail without this password. It is suggested you do not use your birth date, SSN or GSC ID#. Your password can be any combination of letters, numbers or symbols.

FERPA Password: __________________________________________

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to inspect and review such records upon request; and (3) this consent to release or disclose shall remain in effect for my entire enrollment period at Glenville State College unless revoked by me by submitting a FERPA Revocation Form.

____________________________________________________  ___ ________________________
Student Signature                                     Date
The Family Educational Rights and Privacy Act (FERPA) ensures the confidentiality of student records, permits students access to their records and prohibits the release of records except by permission of the student or by court order, while permitting the continued release of directory information without specific permission from the student. Glenville State College designates the following items as Directory Information:

- Student Name
- E-Mail
- Date and Place of Birth
- Field of Study
- Weight and Height of athletes
- Degrees and Awards received
- Grade Level
- Address
- Telephone Number
- Photograph
- Schools Attended
- Enrollment Status
- Dates of Attendance
- Participation in official recognized sport/activity

Please keep in mind, if you choose to withhold Directory Information, College officials will not be able to confirm your enrollment or degrees awarded with third parties such as potential employers or insurance companies unless the disclosure would otherwise be permitted by FERPA.

I hereby request that Glenville State College does not disclose or release any of my personal, academic, or directory information to any individual or agencies. This request will remain in effect until I remove my request with the Registrar’s Office.

Student’s Signature __________________________ Date ________________

☐ I am requesting to remove the restriction I previously placed on all of my Directory Information.

Name: __________________________ Signature: __________________________

Student ID #:____________________ Date: __________________________
Free Application for Federal Student Aid (FAFSA)

It is against federal regulations for anyone to complete a FAFSA for you.

This can result in two (2) consequences:

1. Fraud charges could be filed against the individual submitting the FAFSA for you.
2. You could be prevented from participating in the Second Chance Pell Program.

You will complete all FAFSA paperwork at the same time with your Program Coordinator.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
By signing below I am verifying that I have read and understand the above statements.

_________________________________________ __________________________
Signature                                                    Date

Please remember to sign and date everything.
### Step One (Student): For questions 1-31, leave any questions that do not apply to you (the student) blank.

**Your full name (exactly as it appears on your Social Security card)** If your name has a suffix, such as Jr. or III, include a space between your last name and suffix.

1. Last name
2. First name
3. Middle initial

**Your permanent mailing address**

4. Number and street (include apt. number)
5. City (and country if not U.S.)
6. State
7. ZIP code

**Your Social Security Number** See Notes page 9.

8. Your date of birth

**Your driver’s license number and driver’s license state (if you have one)**

11. Driver’s license number
12. Driver’s license state

**Your e-mail address. If you provide your e-mail address, we will communicate with you electronically. For example, when your FAFSA form has been processed, you will be notified by e-mail. Your e-mail address will also be shared with your state and the colleges listed on your FAFSA form to allow them to communicate with you. If you do not have an e-mail address, leave this field blank.**

15. Alien Registration Number

**What is your marital status as of today?** See Notes page 9.

16. I am single
17. Month and year you were married, remarried, separated, divorced or widowed. See Notes page 9.
18. What is your state of legal residence?
19. Did you become a legal resident of this state before January 1, 2015?
20. If the answer to question 19 is “No,” give month and year you became a legal resident of that state.

22. If female, skip to question 23. Most male students must register with the Selective Service System to receive federal aid. If you are male, are age 18-25, and have not registered, fill in the circle and we will register you. See Notes page 9.
23. Have you been convicted for the possession or sale of illegal drugs for an offense that occurred while you were receiving federal student aid (such as grants, work-study, or loans)? Answer “No” if you have never received federal student aid or if you have never had a drug conviction for an offense that occurred while receiving federal student aid. If you have a drug conviction for an offense that occurred while you were receiving federal student aid, answer “Yes,” but complete and submit this application, and we will mail you a worksheet to help you determine if your conviction affects your eligibility for aid. If you are unsure how to answer this question, call 1-800-433-3243 for help.

**Highest school completed by Parent 1**

24. Middle school/Jr. high
25. High school
26. College or beyond
27. Other/unknown

**Highest school completed by Parent 2**

24. Middle school/Jr. high
25. High school
26. College or beyond
27. Other/unknown

**What will your high school completion status be when you begin college in the 2020-2021 school year?**

27. General Educational Development (GED) certificate or state certificate. Skip to question 28.
28. None of the above.
27. What is the name of the high school where you received or will receive your high school diploma?
Enter the complete high school name, and the city and state where the high school is located.

High School Name
High School City

28. Will you have your first bachelor’s degree before you begin the 2020-2021 school year?

Yes ☐ 1  No ☐ 2

29. What will your college grade level be when you begin the 2020-2021 school year?

Never attended college and 1st year undergraduate ……………… ☐ 0
Attended college before and 1st year undergraduate ……………… ☐ 1
2nd year undergraduate/sophomore ……………………………… ☐ 2
3rd year undergraduate/junior ……………………………………… ☐ 3
4th year undergraduate/senior ……………………………………… ☐ 4
5th year/other undergraduate ……………………………………… ☐ 5
1st year college graduate/professional (MBA, MD, PhD, etc.) …… ☐ 6
Continuing graduate/professional or beyond (MBA, MD, PhD, etc.) … ☐ 7

30. What college degree or certificate will you be working on when you begin the 2020-2021 school year?

1st bachelor’s degree ………………………………………………… ☐ 1
2nd bachelor’s degree ………………………………………………… ☐ 2
Associate degree (occupational or technical program) ………………. ☐ 3
Associate degree (general education or transfer program) …………. ☐ 4
Certificate or diploma (occupational, technical or education program of less than two years). ………………………………………… ☐ 5
Certificate or diploma (occupational, technical or education program of two or more years) ………………………………………… ☐ 6
Teaching credential (nondegree program) ……………………………………. ☐ 7
College graduate or professional degree (MBA, MD, PhD, etc.) …… ☐ 8
Other/undecided ………………………………………………………… ☐ 9

31. Are you interested in being considered for work-study?

Yes ☐ 1  No ☐ 2  Don’t know ☐ 3

Step Two (Student):

Answer questions 32–57 about yourself (the student). If you were never married, or are separated, divorced or widowed and are not remarried, answer only about yourself. If you are married or remarried as of today, include information about your spouse.

32. For 2018, have you (the student) completed your IRS income tax return or another tax return listed in question 33?

I have already completed my return ……… ☐ 1
I will file but have not yet completed my return ……………………. ☐ 2
I’m not going to file. Skip to question 38. ☐ 3

33. What income tax return did you file or will you file for 2018?

IRS 1040 …………………………………………………………… ☐ 1
A foreign tax return, IRS 1040NR or IRS 1040NR-EZ. ……………….. ☐ 2
A tax return with Puerto Rico, another U.S. territory, or Freely Associated State. See Notes page 9. …………………… ☐ 3

34. For 2018, what is or will be your tax filing status according to your tax return?

Single …………………………………………………………… ☐ 1
Head of household. ………………………………………………… ☐ 2
Married—filed joint return ……………………………………………… ☐ 3
Married—filed separate return ……………………………………………… ☐ 4
Qualifying widow(er) …………………………………………………… ☐ 5
Don’t know …………………………………………………………….. ☐ 6

35. Did (or will) you file a Schedule 1 with your 2018 tax return? Answer “No” if you did not file a Schedule 1 or only filed a Schedule 1 to report an Alaska Permanent Fund dividend or one of the other exceptions listed in the Notes on page 9.

Yes ☐ 1  No ☐ 2  Don’t know ☐ 3

For questions 36–44, if the answer is zero or the question does not apply to you, enter 0. Report whole dollar amounts with no cents.

36. What was your (and spouse’s) adjusted gross income for 2018? Adjusted gross income is on IRS Form 1040—line 7.

$ ………………………………………………………………………...

37. Enter your (and spouse’s) income tax for 2018. Income tax amount is the total of IRS Form 1040—line 7 minus Schedule 2—line 46. If negative, enter a zero here.

$ ………………………………………………………………………...

Questions 38 and 39 ask about earnings (wages, salaries, tips, etc.) in 2018. Answer the questions whether or not a tax return was filed. This information may be on the W-2 forms or on the tax return selected in question 33: IRS Form 1040—line 1 + Schedule 1—lines 12 + 18 + Schedule K-1 (IRS Form 1065) —Box 14 (Code A). If any individual earning item is negative, do not include that item in your calculation.

38. How much did you earn from working in 2018?

$ ………………………………………………………………………...

39. How much did your spouse earn from working in 2018?

$ ………………………………………………………………………...

40. As of today, what is your (and spouse’s) total current balance of cash, savings, and checking accounts? Don’t include student financial aid.

$ ………………………………………………………………………...

41. As of today, what is the net worth of your (and spouse’s) investments, including real estate? Don’t include the home you live in. See Notes page 9.

$ ………………………………………………………………………...

42. As of today, what is the net worth of your (and spouse’s) current businesses and/or investment farms? Don’t include a family farm or family business with 100 or fewer full-time or full-time equivalent employees. See Notes page 9.

$ ………………………………………………………………………...
43. Student’s 2018 Additional Financial Information (Enter the combined amounts for you and your spouse.)
   a. Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040 Schedule 3—line 50.
   b. Child support paid because of divorce or separation or as a result of a legal requirement. Don’t include support for children in your household, as reported in question 93.
   c. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.
   d. Taxable college grant and scholarship aid reported to the IRS as income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.
   e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don’t include untaxed combat pay.
   f. Earnings from work under a cooperative education program offered by a college.

44. Student’s 2018 Untaxed Income (Enter the combined amounts for you and your spouse.)
   a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don’t include amounts reported in code DD (employer contributions toward employee health benefits).
   b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1—total of lines 28 + 32.
   c. Child support received for any of your children. Don’t include foster care or adoption payments.
   d. Tax exempt interest income from IRS Form 1040—line 2a.
   e. Untaxed portions of IRA distributions and pensions from IRS Form 1040—line 4a minus line 4b. Exclude rollovers. If negative, enter a zero here.
   f. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don’t include the value of on-base military housing or the value of a basic military allowance for housing.
   g. Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.
   h. Other untaxed income not reported in items 44a through 44g, such as workers’ compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1—line 25. Don’t include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.
   i. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement. See Notes page 9.

Step Three (Student): Answer the questions in this step to determine if you will need to provide parental information. Once you answer “Yes” to any of the questions in this step, skip Step Four and go to Step Five on page 8.

45. Were you born before January 1, 1997? .............................................................. Yes $ 1 No $ 2
46. As of today, are you married? (Also answer “Yes” if you are separated but not divorced.) .............................................................. Yes $ 1 No $ 2
47. At the beginning of the 2020-2021 school year, will you be working on a master’s or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)? .............................................................. Yes $ 1 No $ 2
48. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? See Notes page 9. .............................................................. Yes $ 1 No $ 2
49. Are you a veteran of the U.S. Armed Forces? See Notes page 9 .............................................................. Yes $ 1 No $ 2
50. Do you now have or will you have children who will receive more than half of their support from you between July 1, 2020 and June 30, 2021? .............................................................. Yes $ 1 No $ 2
51. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2021? .............................................................. Yes $ 1 No $ 2
52. At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court? See Notes page 10. .............................................................. Yes $ 1 No $ 2
53. As determined by a court in your state of legal residence, are you or were you an emancipated minor? See Notes page 10. .............................................................. Yes $ 1 No $ 2
54. Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence? See Notes page 10. .............................................................. Yes $ 1 No $ 2
55. At any time on or after July 1, 2019, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? See Notes page 10. .............................................................. Yes $ 1 No $ 2
56. At any time on or after July 1, 2019, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? See Notes page 10. .............................................................. Yes $ 1 No $ 2
57. At any time on or after July 1, 2019, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? See Notes page 10. .............................................................. Yes $ 1 No $ 2
**Step Four (Parent):** Complete this step if you (the student) answered “No” to all questions in Step Three.

Answer all the questions in Step Four even if you do not live with your legal parents (biological, adoptive, or as determined by the state [for example, if the parent is listed on the birth certificate]). Grandparents, foster parents, legal guardians, widowed stepparents, aunts, uncles, and siblings are not considered parents on this form unless they have legally adopted you. If your legal parents are married to each other, or are not married to each other and live together, answer the questions about both of them. If your parent was never married or is remarried, divorced, separated or widowed, see StudentAid.gov/FAFSA-parent and/or Notes page 10 for additional instructions.

58. As of today, what is the marital status of your parents?

- Never married ........................................ 2  
- Married or remarried ................................. 1  
- Unmarried and both legal parents living together ........................................ 3  
- Widowed 4  

59. Month and year they were married, remarried, separated, divorced or widowed.  

What are the Social Security Numbers, names and dates of birth of the parents reporting information on this form? If your parent does not have a Social Security Number, you must enter 000-00-0000. Don’t enter an Individual Taxpayer Identification Number (ITIN) in the Social Security Number field. If the name includes a suffix, such as Jr. or III, include a space between the last name and suffix. Enter two digits for each day and month (e.g., for May 31, enter 05 31).

60. SOCIAL SECURITY NUMBER 61. LAST NAME, AND 62. FIRST INITIAL 63. DATE OF BIRTH

64. SOCIAL SECURITY NUMBER 65. LAST NAME, AND 66. FIRST INITIAL 67. DATE OF BIRTH

68. Your parents’ e-mail address. If you provide your parents’ e-mail address, we will let them know your FAFSA form has been processed. This e-mail address will also be shared with your state and the colleges listed on your FAFSA form to allow them to electronically communicate with your parents.

69. What is your parents' state of legal residence? 70. Did your parents become legal residents of this state before January 1, 2015? 71. If the answer to question 70 is "No," give the month and year legal residency began for the parent who has lived in the state the longest.

72. How many people are in your parents’ household?  

Include:  
- yourself, even if you don’t live with your parents,  
- your parents,  
- your parents’ other children (even if they do not live with your parents) if (a) your parents will provide more than half of their support between July 1, 2020 and June 30, 2021, or (b) the children could answer “No” to every question in Step Three on page 5 of this form, and  
- other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2020 and June 30, 2021.

73. How many people in your parents’ household (from question 72) will be college students between July 1, 2020 and June 30, 2021? Always count yourself as a college student. Do not include your parents. Do not include siblings who are in U.S. military service academies. You may include others only if they will attend, at least half-time in 2020-2021, a program that leads to a college degree or certificate.

74. Medicaid or Supplemental Security Income (SSI) 75. Supplemental Nutrition Assistance Program (SNAP) 76. Free or Reduced Price School Lunch 77. Temporary Assistance for Needy Families (TANF) 78. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

If your answer to question 58 was “Unmarried and both legal parents living together,” contact 1-800-433-3243 for assistance with answering questions 79-92.

79. For 2018, have your parents completed their IRS income tax return or another tax return listed in question 80?  

- My parents have already completed their return. 1  
- My parents will file but have not yet completed their return ........................................ 2  
- My parents are not going to file. 3

80. What income tax return did your parents file or will they file for 2018?  

- IRS 1040 1  
- A foreign tax return, IRS 1040NR or IRS 1040NR-EZ. See Notes page 9 3  
- A tax return with Puerto Rico, another U.S. territory or freely Associated State. See Notes page 9 4  
- Don’t know 5

81. For 2018, what is or will be your parents’ tax filing status according to their tax return?  

- Single ........................................ 1  
- Head of household ........................................ 2  
- Married—filed joint return ........................................ 3  
- Married—filed separate return ........................................ 4  
- Qualifying widow(er) ........................................ 5  
- Don’t know ........................................ 6

82. Did (or will) your parents file a Schedule 1 with their 2018 tax return? Answer “No” if they did not file a Schedule 1 or only filed a Schedule 1 to report an Alaska Permanent Fund dividend or one of the other exceptions listed in the Notes on page 9.

- Yes 1  
- No 2  
- Don’t know 3

83. As of today, is either of your parents a dislocated worker? See Notes page 10.

- Yes 1  
- No 2  
- Don’t know 3
For questions 84–92, if the answer is zero or the question does not apply, enter 0. Report whole dollar amounts with no cents.

84. What was your parents’ adjusted gross income for 2018? Adjusted gross income is on IRS Form 1040—line 7. $  

85. Enter your parents’ income tax for 2018. Income tax amount is the total of IRS Form 1040—line 13 minus Schedule 2—line 46. If negative, enter a zero here. $ 

Questions 86 and 87 ask about earnings (wages, salaries, tips, etc.) in 2018. Answer the questions whether or not a tax return was filed. This information may be on the W-2 forms or on the tax return selected in question 80: IRS Form 1040—line 1 + Schedule 1—lines 12 + 18 + Schedule K-1 (IRS Form 1065)—Box 14 (Code A). If any individual earning item is negative, do not include that item in your calculation. Report the information for the parent listed in questions 60-63 in question 86 and the information for the parent listed in questions 64-67 in question 87.

86. How much did Parent 1 (father/mother/stepparent) earn from working in 2018? $ 

87. How much did Parent 2 (father/mother/stepparent) earn from working in 2018? $ 

88. As of today, what is your parents’ total current balance of cash, savings, and checking accounts? Don’t include student financial aid. $ 

89. As of today, what is the net worth of your parents’ investments, including real estate? Don’t include the home in which your parents live. See Notes page 9. $ 

90. As of today, what is the net worth of your parents’ current businesses and/or investment farms? Don’t include a family farm or family business with 100 or fewer full-time or full-time equivalent employees. See Notes page 9. $ 

91. Parents’ 2018 Additional Financial Information (Enter the amounts for your parent[s].) 

a. Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040 Schedule 3—line 50. $ 

b. Child support paid because of divorce or separation or as a result of a legal requirement. Don’t include support for children in your parents’ household, as reported in question 72. $ 

c. Your parents’ taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. $ 

d. Your parents’ taxable college grant and scholarship aid reported to the IRS as income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. $ 

e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your parents’ adjusted gross income. Don’t include untaxed combat pay. $ 

f. Earnings from work under a cooperative education program offered by a college. $ 

92. Parents’ 2018 Untaxed Income (Enter the amounts for your parent[s].) 

a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Don’t include amounts reported in code DD (employer contributions toward employee health benefits). $ 

b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 Schedule 1—total of lines 28 + 32. $ 

c. Child support received for any of your parents’ children. Don’t include foster care or adoption payments. $ 

d. Tax exempt interest income from IRS Form 1040—line 2a. $ 

e. Untaxed portions of IRA distributions and pensions from IRS Form 1040—line 4a minus line 4b. Exclude rollovers. If negative, enter a zero here. $ 

f. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don’t include the value of on-base military housing or the value of a basic military allowance for housing. $ 

g. Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. $ 

h. Other untaxed income not reported in items 92a through 92g, such as workers’ compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1—line 25. Don’t include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. $
93. How many people are in your household? 
Include: 
- yourself (and your spouse), 
- your children, if you will provide more than half of their support between July 1, 2020 and June 30, 2021, even if they do not live with you, and 
- other people if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support between July 1, 2020 and June 30, 2021.

94. How many people in your (and your spouse's) household (from question 93) will be college students between July 1, 2020 and June 30, 2021? Always count yourself as a college student. Do not include family members who are in U.S. military service academies. Include others only if they will attend, at least half-time in 2020-2021, a program that leads to a college degree or certificate.

At any time during 2018 or 2019, did you (or your spouse) or anyone in your household (from question 93) receive benefits from any of the federal programs listed? Mark all that apply. Answering these questions will NOT reduce eligibility for student aid or these programs. TANF has different names in many states. Call 1-800-433-3243 to find out the name of your state’s program. If you (or your spouse) or anyone in your household receives any of these benefits after filing the FAFSA form but before December 31, 2019, you must update your response by logging in to fafsa.gov and selecting “Make FAFSA Corrections.”

95. Medicaid or Supplemental Security Income (SSI) 
96. Supplemental Nutrition Assistance Program (SNAP) 
97. Free or Reduced Price School Lunch 
98. Temporary Assistance for Needy Families (TANF) 
99. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

100. As of today, are you (or your spouse) a dislocated worker? See Notes page 10.

Yes ☐  No ☐  Don’t know ☐

Step Six (Student): Indicate which colleges you want to receive your FAFSA information.

Enter the six-digit federal school code and your housing plans for each college or school you want to receive your FAFSA information. You can find the school codes at fafsa.gov/schoolsearch or by calling 1-800-433-3243. If you cannot obtain a code, write in the complete name, address, city and state of the college. If you want more schools to receive your FAFSA information, read What is the FAFSA form? on page 2. All of the information you included on your FAFSA form, with the exception of the list of colleges, will be sent to each of the colleges you listed. In addition, all of your FAFSA information, including the list of colleges, will be sent to your state grant agency. For federal student aid purposes, it does not matter in what order you list your selected schools. However, the order in which you list schools may affect your eligibility for state aid. Consult your state agency or StudentAid.gov/order for details.

<table>
<thead>
<tr>
<th>101.a</th>
<th>101.c</th>
<th>101.e</th>
<th>101.g</th>
</tr>
</thead>
<tbody>
<tr>
<td>1ST FEDERAL SCHOOL CODE</td>
<td>3RD FEDERAL SCHOOL CODE</td>
<td>4TH FEDERAL SCHOOL CODE</td>
<td>2ND FEDERAL SCHOOL CODE</td>
</tr>
<tr>
<td>OR</td>
<td>OR</td>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>NAME OF COLLEGE</td>
<td>NAME OF COLLEGE</td>
<td>NAME OF COLLEGE</td>
<td>NAME OF COLLEGE</td>
</tr>
<tr>
<td>ADDRESS AND CITY</td>
<td>ADDRESS AND CITY</td>
<td>ADDRESS AND CITY</td>
<td>ADDRESS AND CITY</td>
</tr>
<tr>
<td>GLENVILLE STATE COLLEGE</td>
<td>200 HIGH STREET, GLENVILLE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td>STATE</td>
<td>STATE</td>
<td>STATE</td>
</tr>
<tr>
<td>WV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101.b</td>
<td>101.d</td>
<td>101.f</td>
<td>101.h</td>
</tr>
<tr>
<td>WITH PARENT</td>
<td>OFF CAMPUS</td>
<td>ON CAMPUS</td>
<td>WITH PARENT</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Step Seven (Student and Parent): Read, sign and date.

If you are the student, by signing this application you certify that you: (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your college if you default on a federal student loan and (5) will not receive a Federal Pell Grant from more than one college for the same period of time.

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies. If you electronically sign any document related to the federal student aid programs using an FSA ID (username and password) and/or any other credential, you certify that you are the person identified by that username and password and/or other credential, and have not disclosed that username and password and/or other credential to anyone else. If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

If a fee was paid to someone for advice or for completing this form, that person must complete this section.

Preparer’s name, firm and address

104. Preparer’s Social Security Number (or 105)

105. Employer ID number (or 104)

106. Preparer’s signature and date

102. Date this form was completed

MONTH DAY

2019 ☐ 2020 ☐ 2021 ☐

103. Student (Sign below)

Parent (A parent from Step Four sign below.)

104. Preparer’s Social Security Number (or 105)
Your 2020–2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, a comparison of your FAFSA with the information on this worksheet will be done along with any other required documents. If there are differences, your FAFSA information may need to be corrected. You, and spouse, if married, must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to our office. Additional information may be requested. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

A. Student’s Information

<table>
<thead>
<tr>
<th>Student’s GSC ID Number</th>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Student’s M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Box 6000</td>
<td>Glenville</td>
<td>WV</td>
<td>26351</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Street Address (include apt. no.)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth (mmddyy)</th>
<th>Driver’s License Number</th>
<th>Student’s Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Home Phone Number</th>
<th>Alternate or Cell Phone Number</th>
<th>State of Residence</th>
<th>Date you became a resident of this state</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Student’s Household Information

List the people in your household. Include:

- Yourself
- Your Spouse
- Your children or your spouse’s children if you will provide more than half of their support from July 1, 2020, through June 30, 2021 or if the child would be required to provide parental information if they were completing a FAFSA for 2020–2021. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you or your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.

Include the name of the college for any household member who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution between July 1, 2020, and June 30, 2021. (If more space is needed, attach a separate page with your name and GSC ID number at the top.)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
<td>Self</td>
<td>Glenville State College</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STUDENT: Complete either C or D

C. STUDE NT TAX RETURN FILERS

Important Note: If you filed, or will file, an amended 2018 Federal income tax return, you cannot use the IRS Data Retrieval Tool. You must request a Return Transcript and an Account Transcript at www.IRS.gov, or call 1-800-908-9946. If you have been the victim of identity theft, please contact our office for instructions.

Read Instructions: Complete this section if you (or your spouse, if married) filed or will file a 2018 income tax return with the IRS. The best way to verify income is by using the IRS Data Retrieval Tool that is part of the FAFSA on the Web. If you have not already used the tool, go to FAFSA.gov, log into your FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2018 IRS income tax information into your FAFSA. For electronic filers, it takes up to two weeks for IRS income information to be available to use with the Data Retrieval Tool and up to eight weeks for paper return filers.

Check the box that applies:

☐ I have used the IRS Data Retrieval Tool in FAFSA on the Web to retrieve and transfer my (and, if married, my spouse’s) 2018 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA. (The school will use the IRS information that was transferred in the verification process.)

☐ I have not yet used the IRS Data Retrieval Tool in FAFSA on the Web, but will use the tool to retrieve and transfer my (and, if married, my spouse’s) 2018 IRS income information into my FAFSA once I have filed a 2018 IRS tax return. (Instructions above for information on how to use the IRS Data Retrieval Tool.) The verification process cannot be completed until the IRS information has been transferred into the FAFSA.

☐ I am unable or chose not to use the IRS Data Retrieval Tool in FAFSA on the Web, and will submit to the school a 2018 IRS tax return transcript—or a signed photocopy of my 2018 income tax return. To obtain an IRS tax return transcript, go to www.IRS.gov and click on the “Get Your Tax Record” link, or call 1-800-908-9946. Make sure to request the “IRS tax Return Transcript.” You will need your social security number, date of birth, and the address on file with the IRS (normally this will be the address used when the 2018 IRS tax return was filed). It takes up to two weeks for IRS income information to be available for electronic IRS tax return filers and up to eight weeks for paper IRS tax return filers.

☐ Check here if your (and, if married, your spouse’s) 2018 IRS tax return transcript is attached to this worksheet.

☐ Check here if your (and, if married, your spouse’s) 2018 IRS tax return transcript will be submitted to the school later. Verification cannot be completed until the 2018 IRS tax return transcript has been submitted to the school.

D. STUDENT NOT FILING TAX RETURN:

Complete this section if you will/did not file a 2018 income tax return with the IRS. You may also need to submit a letter of Non-filing from the IRS. You may request this letter by mail with the Form 4506T. The form is available at www.irs.gov or in the Financial Aid Office.

Check the box that applies:

☐ I (and, if married, my spouse) was not employed and had no income earned from work in 2018.

☐ I (and, if married, my spouse) was employed in 2018 and have listed below the names of all employers, the amount earned from each employer in 2018, and whether an IRS W-2 form is attached. (Attach copies of all 2018 IRS W-2 forms issued by employers.) List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with your name and GSC ID number at the top.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>Amount Earned 2018</th>
<th>IRS W-2 Attached?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E. Other Information to Be Verified – check all that apply

☐ One or more of the persons listed in Section B of this worksheet received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) during the 2018 or 2019 calendar years.

☐ One or more of the persons listed in Section B of this worksheet received Medicaid in 2018.

☐ You (or, if married, your spouse) received child support. If you checked this box please enter the total amount of child support received in 2018. $__________________.

☐ You (or, if married, your spouse) paid child support in 2018. Please indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. Did you (or your spouse, if married) receive any other untaxed income in 2018? ________Yes ________No
If yes, please list the types and annual amounts of other untaxed income received in 2018.

Worker’s Compensation

Insurance Settlement

Retirement/Death Pension

SSI [ ] or Social Security [ ]

Other__________________________________________

G. Have you attended any school since high school? ________Yes ________No
If yes, please list all school(s) and date(s) attended:

________________________________________________________________________

From: / / /____ to / / /____

________________________________________________________________________

From: / / /____ to / / /____

________________________________________________________________________

From: / / /____ to / / /____

H. Will you receive educational benefits from Veteran’s Benefits, National Guard, Worker’s Compensation, Rehabilitation, WIA, AmeriCorps, Promise or any outside Scholarships? ________Yes ________No
If so, list type and anticipated yearly amount:

________________________________________________________________________

__________________________________________________________

$__________________

________________________________________________________________________

$__________________

________________________________________________________________________

$__________________

________________________________________________________________________

$__________________
I. **INTENDED LIVING ARRANGEMENTS:**

- _____ Campus Housing *(Students must live on campus unless an exemption form is approved by the Office of Student Life)*
  
- **X** Off Campus Without Parents

- _____ Off Campus With Parents

Are you enrolled in the Online Degree program? _____ Yes  _____ No

If yes, are you a________ Military Veteran or ________ First Responder?

If asked, I will provide any additional documents requested. By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct.

**WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, SENTENCED TO JAIL, OR BOTH.**

__________________________________________________  \____/\____/________

Student’s Signature  Date

__________________________________________________

Spouse’s Signature  (Optional)  \____/\____/________

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
Request for Status Information Letter

This is a fillable form. Please type in ALL CAPS before printing, or PRINT clearly using BLACK INK

Before you fill out and submit this form, please check to verify your registration status with the Selective Service System at https://www.sss.gov. If you cannot check or verify your registration online and you are not claiming an exemption, or if you have already received a Status Information Letter (SIL) from us in the past, please call (888) 655-1825.

Please check each item. You should only submit this form if the following are true:

- You have passed your 26th birthday
- You have verified that you are in fact “NOT REGISTERED”
- You were born after December 31, 1959
- You are claiming that you were exempt from the requirement to register
- You were born male or you are transgender (born female)
- You have not received a Status Information Letter from us in the past

YOU MUST PROVIDE AT LEAST ONE RESPONSE to each of the seven (7) Sections below. We cannot process your letter until we receive the required information and documents. Never send originals. KEEP A COPY of this form and any documents or correspondence you send to us.

SECTION 1 - GENERAL INFORMATION

Type or Print Clearly (ALL CAPS) – Must be Readable.

Full Legal Name: ____________________________________________

First Name ____________________________________________

Middle Name ____________________________________________

Last Name(s) ____________________________________________

List any other names used (Include multiple last names): ____________________________

Social Security Number: ____________________________

Date of Birth: ____________________________

Month / Day / Year

Current Mailing Address: PO Box 6000

Glenville WV 26351

City State Zip Code

Daytime Telephone Number: ____________________________

Email Address: ____________________________

What is your reason for this SIL?

☐ Financial Aid ☐ Citizenship ☐ Employment ☐ Security Clearance ☐ Other ____________________________

List each City & State (Country if overseas) where you lived between your 18th and 26th birthdays.

Use a separate sheet if needed:

____________________________________________________

____________________________________________________

____________________________________________________

____________________________________________________

SECTION 2 - MILITARY

If you served in the U.S. military, attach your proof of military service, such as a copy of your DD Form 214, NGB Form 22, DD Form 4 (if still on active duty), etc. If you attended a service academy or military school, provide a letter from the school or a transcript showing the dates.
To obtain proof of military service (DD Form 214, Official Military Personnel File), visit this website Proof of military service (DD Form 214, Official Military Personnel file).

Have you ever served in the U.S. military or attended a military service academy/school?

☐ Yes (Please Continue)  ☐ No (SKIP to Section 3)


List dates of active duty service: ______________________ to ______________________

List dates of reserve duty service: ______________________ to ______________________

Did you attend a military service academy?

☐ The United States Military Academy (USMA)
☐ The United States Naval Academy (USNA)
☐ The United States Air Force Academy (USAFA)
☐ The United States Coast Guard Academy (USCGA)

List dates of attendance: ______________________ to ______________________

Were you enrolled in an officer procurement program at a military school or university?

☐ The Citadel
☐ University of North Georgia
☐ Norwich University
☐ Virginia Military Institute
☐ Texas A&M
☐ University of Virginia Polytechnic and State University

List dates of attendance: ______________________ to ______________________

SECTION 3 - INCARCERATED / INSTITUTIONALIZED / HOSPITALIZED

Please attach proof if you were CONTINUOUSLY incarcerated, institutionalized, hospitalized, or home confined for the entire period from your 18th through 26th birthdays. If you were released, escaped, or otherwise out of custody for 30 days or more, you do not need to complete this form. Call us at (888) 655-1825.

Were you CONTINUOUSLY incarcerated, institutionalized, hospitalized, or home confined for the entire period of time between your 18th and 26th birthdays?

☐ Yes (Please Continue)  ☐ No (SKIP to Section 4)

Please indicate the type of confinement and provide start and release dates. (Attach separate sheet if necessary)

☐ Institutionalized  ☐ Incarcerated  ☐ Hospitalized  ☐ Home Confined

____________ to ____________  ____________ to ____________  ____________ to ____________

____________ to ____________  ____________ to ____________  ____________ to ____________

SECTION 4 - TRANSGENDER

The Military Selective Service Act, including the requirement to register, applies to all individuals who were designated male at birth. If you were born female and have transitioned to male, you must provide a copy of your female birth certificate (or medical documentation to show that a transition has taken place) and legal documentation to show any changes to your name.

My sex at birth was:

☐ Male  ☐ Female (I have or will transition to male)
SECTION 5 - US CITIZENSHIP & IMMIGRATION STATUS

The Selective Service System does not share any information about an individual's immigration status with outside agencies such as U.S. Immigration and Customs Enforcement (ICE).

Are you a citizen of the United States by birth (born in the US, or overseas to qualifying US parents)?
- Yes (SKIP to Section 6)  
- No (Please continue)

Did you become a Naturalized Citizen more than 30 days before your 26th birthday?
- Yes __________________________ (SKIP to Section 6)  
- No (Please continue)

Did you become a Permanent Resident (Green Card Holder) more than 30 days before your 26th birthday?
- Yes __________________________ (SKIP to Section 6)  
- No (Please continue)

You must provide documentation to support your claim. Valid documentation includes the date of entry stamp in your passport or visa, I-94, or I-20 with date of entry stamp, or any other official document that was accepted, stamped, or signed by USCIS and clearly states your arrival date. If you submit the electronic version of the I-94, you must include the accompanying travel history. Please note, your Permanent Resident Card (Green Card) cannot be used to document the date you arrived in the United States, even if the dates are the same.

If you entered the United States illegally, undocumented, without inspection, or for any other reason you cannot show proof of your arrival date, you must provide documentation that shows you were living outside of the United States for each year between your 18th and 26th birthdays. This could include school records, employment records, rent and utility receipts, participation in a health insurance plan, tax returns, etc.

When did you first enter the United States and what was your immigration status?

<table>
<thead>
<tr>
<th>Arrival Date</th>
<th>USCIS Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was the above date later than 30-days before your 26th birthday?
- Yes, I was never in the United States (at any time, in any status) prior to this date. (Skip to Section 6)
- No (Please continue)

Was the above arrival date earlier than your 18th birthday AND you left the country prior to your 18th birthday AND you did not return to the United States (at any time in any status) until after the date that was 30 days before your 26th birthday?
- Yes, I was never in the United States (at any time, in any status) between my 18th birthday and 30 days before my 26th birthday.
- No (Please continue)

For each period shown, you must provide documentation that shows you entered the United States as a valid non-immigrant and that you adhered to the terms of your visa. For example, if you entered the United States as an international student and remained in that status until your 26th birthday, you would need to provide documentation indicating that you were admitted on an F-1 visa, attended school full-time as required, and either left the country or changed status when required. Acceptable documents may include copies of your I-20s, visa, and transcripts, or a letter from the school stating the dates you attended there as a full time international student. If OPT is authorized, the copy of the I-20 must reflect this. If you were on an H-1 visa, you must provide documentation of your arrival/start date and a copy of the approved “Notice of Action”, an official company letter showing your authorized dates of employment, or a W2 form showing you worked for the company that sponsored your visa.

The same applies for all non-immigrant statuses held. You must show your arrival/start date and documentation that shows you remained in good status for the entire period. If you left the country, send a copy of the date stamp showing your arrival back
into your country. If you remained in the US and requested a change of status, send a copy of the approved “Notice of Action” you received from USCIS.

You must include any times that you entered the United States illegally or without inspection, (no documentation is necessary). Likewise, you must list any times when you violated the terms of your visa, overstayed your visa, or for any other reason became an undocumented immigrant.

You should provide as much information as possible. We will use the information you send to determine your registration status. For a list of acceptable documents, please see our List of acceptable documents.

Please list your immigration history showing all arrivals, departures and other changes in status, starting with the date of arrival that first put you in the United States between your 18th and 26th birthdays and continuing until you were past your 26th birthday. Use a separate sheet if necessary.

<table>
<thead>
<tr>
<th>Arrival / Start Date</th>
<th>Good Until Date</th>
<th>Departure / End Date</th>
<th>USCIS Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 6 - REASON FOR FAILURE TO REGISTER BEFORE AGE 26

Provide a written explanation for not registering with the Selective Service System. If you believe you did register, please provide a detailed explanation in the space provided below stating when, where, and how you registered. Include all addresses you may have used at that time.


SECTION 7 - YOUR SIGNATURE

Sign, date, and return this form to the address listed below with copies of ALL supporting documents showing proof of your claim. You may include any other supporting information you would like us to consider. IMPORTANT: Do not send original documents. The Selective Service System may not return original documents. You should retain a copy of all documents and correspondence submitted.

_________________________  ______________________
Signature  Month / Day / Year

Selective Service System
ATTN: SIL
PO Box 94638
Palatine, IL 60094-4638
HELPFUL INFORMATION

- Please print this form. This form cannot be submitted online. Please type all requested information on the form before printing. ATTACH A COPY of all supporting documentation (DO NOT submit originals), and mail them to the address provided.

- This form is for use only by men born after December 31, 1959, who are not registered and are now 26 years and older or transgender who were born females.

- This form is not a registration form. Submitting this form will not register you with the Selective Service System.

- We will issue a Status Information Letter based on the information you provide. KEEP the original copy in your permanent files for future reference.

- If you are denied a right, benefit, or privilege because you are not registered, submit a copy of your Status Information Letter from the Selective Service System, and a separate letter in which you explain, to the best of your ability, the reasons for your failure to register to the agency administering the right, benefit, or privilege. That agency, NOT the Selective Service System, will make the final determination regarding your eligibility. The Selective Service System does not approve, disapprove, or make any recommendations to determine your eligibility for any right, benefit, or privilege you are seeking.

- Immigrant men over the age of 31 who are seeking naturalization and who did not register are no longer required to provide a “status information letter” or documentation of their status from the Selective Service System to USCIS. If asked for a status information letter, these men may print a form letter concerning their request for a letter for use with USCIS from http://www.sss.gov.
Please answer the following questions:

1. Full Legal Name:

2. Did you file taxes in 2018?
   - [ ] Yes  [ ] No

3. Did you file taxes in 2019?
   - [ ] Yes  [ ] No

4. What is the address where you resided in 2018?

5. What is the address where you resided in 2019, if different from 2018?

6. What was your filing status in 2018? Please check one box:
   - [ ] Single  [ ] Married filing jointly
   - [ ] Head of Household (Single w/dependents)  [ ] Married filing separately

7. What was your filing status in 2019? Please check one box:
   - [ ] Single  [ ] Married filing jointly
   - [ ] Head of Household (Single w/dependents)  [ ] Married filing separately

8. Please sign the bottom of the next form in this packet.
### Request for Transcript of Tax Return

- **Do not sign this form unless all applicable lines have been completed.**
- **Request may be rejected if the form is incomplete or illegible.**
- **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

### Form 4506-T

#### Form 111

Signatory attest: I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Required Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Name shown on tax return. If a joint return, enter the name shown first.</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>If a joint return, enter spouse’s name shown on tax return.</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Second social security number or individual taxpayer identification number if joint tax return</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Previous address shown on the last return filed if different from line 3 (see instructions)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Customer file number (if applicable) (see instructions)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td><strong>Transcript requested.</strong> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td><strong>Return Transcript,</strong> which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td><strong>Account Transcript,</strong> which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td><strong>Record of Account,</strong> which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Verification of Nonfiling,</strong> which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.</strong> The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td><strong>Year or period requested.</strong> Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.</td>
<td></td>
</tr>
</tbody>
</table>

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s):** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.**

---

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Alternative to Letter of Non-Filing
2020-2021

To be completed by the student:

By signing I attest that I have not filed an income tax return for the 2018 tax year.

Student Name _______________________

Student ID ______________

REG/DOC# ______________

Marital Status as of 12/31/2018?  

_______ Single  

_______ Married  

_______ Divorced  

_______ Legally Separated

_________________________________________  ___/___/_______

Student Signature  Date

To be completed by institution representative:

I certify that the above named student

__________ was in custody for the entire 2018 year.

__________ was not in custody for the entire 2018 year.”

Date of intake: ___/___/_______

_________________________________________  ___/___/_______

Representative signature  Date
Second Chance Pell Program

Admission Requirements

If you are over the age of 23 you must submit the following:

- Admission Application (you will receive this once all paperwork is received by GSC)
- High School transcript with graduation date* or GED Scores*
- Official college transcripts, if you have attended another institution
- Selective Service documentation

If you are under the age of 23 you must submit the following:

- Admission Application (you will receive this once all paperwork is received by GSC)
- High School transcript with graduation date* or GED Scores*
- Official college transcripts, if you have attended another institution
- Selective Service documentation

*These documents may be faxed to us.

Our office will work with you on requesting official college transcripts.

All documents should be submitted to the following address:

Glenville State College
Off Campus Programs
200 High Street
Glenville, WV 26351
Fax: 304–462–6058

Please keep this form for your reference and records.
What is the Second Chance Pell Education Program?
A federal pilot program via The Department of Education that allows eligible incarcerated Americans to receive Pell Grants and pursue postsecondary education with the goal of helping them get jobs and support their families when they are released.

What degrees are offered?
- Associate of Business (2 year)
- Bachelor of Science in Business Administration (4 year)

What are the Federal eligibility requirements?
- Be fully admitted to GSC
- Demonstrate financial need through FAFSA (Free Application for Federal Student Aid)
- Must send in official transcripts from previous college(s)
- Be US Citizen or Eligible Non-Citizen with Alien Reg#
- Be eligible for release/parole
- Be registered with Selective Service as required by law
- Stay in good academic standing
- Meet Financial Aid Award requirements
- Cannot be in default on student loans
- Cannot have previously earned a 4 year degree

What are the Glenville State College eligibility requirements?
- Be fully admitted to Glenville State College
- Maintain Satisfactory Academic Progress (see Financial Aid Satisfactory Academic Progress Policy).

What are the FCI-Gilmer eligibility requirements?
- Good behavior and class attendance.

What is a FAFSA?
Free Application for Federal Student Aid – completion of this will determine if you are eligible for the program.

What information do I need for the FAFSA?
- Your Social Security Number or Your Alien Registration Number (if you are not a U.S. citizen)
- Your most recent federal income tax returns, W-2s, and other records of money earned. (if you have)
  - Note: Will need financial and personal information such as did your spouse file joint income taxes claiming you.
- Bank statements and records of investments (if applicable)
- Records of untaxed income (if applicable)

What happens if I qualify for Pell?
You will not owe any money to Glenville State College and will be eligible to participate in the program.

What happens if I DO NOT qualify for Pell?
You can pay out of pocket for classes or be removed from the program.

How long does the Application process take?
This process time will vary. The faster we receive your documentation for admission the faster you will be able to enroll with GSC during a fall (August), spring (January), or summer (May) term.

Who do I contact if I already know I am in default?
You will get a letter from our Financial Aid Office regarding your default status. The majority of these letters will need to be mailed to the address on the right.
Debt Management and Collections System
US Department of Education
PO Box 5609
Greenville, TX 75403-5609