



COLLEGE OF THE CANYONS - FINANCIAL AID OFFICE

26455 Rockwell Canyon Road • Santa Clarita, California • 91355

Phone: (661) 362-3215 • Fax: (661) 362-5617 • www.canyons.edu/money4college

2019-2020 Financial Support Worksheet

The U.S. Department of Education is requiring that you document how your family was financially supported in 2017. Students are required to report any cash support they have received. Cash support includes money, gifts, loans, housing, food, clothing, car payments or expenses, medical and dental care, and any money paid to someone else on their behalf. Please list below any money received or paid on your behalf. The U.S. Department of Education requires that we verify this information before disbursing federal financial aid. Complete this worksheet and submit it to the Financial Aid Office at College of the Canyons.

Section 1: Student Information

Last Name	First Name	COC ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Phone Number	<input type="text"/>				
Address, City, State, ZIP	<input type="text"/>								

Section 2: Financial Support Information

Indicate the monthly amount that was paid on your behalf in 2017 next to the applicable expense. Multiply the monthly amount by the number of months this expense was paid for you. This is the total amount that was paid on your behalf in 2017 for that expense.

Expense	Monthly Amount	X	Number of Months	X	Total 2017
Rent/Mortgage					
Utilities					
Cell/Home Phone					
Internet					
Food/Meals					
Personal Transportation					
Public Transportation					
Personal Care					
Medical					
Baby Supplies					
Child Care					
Cash Support					
Other (please list)					
TOTAL AMOUNT FOR 2017					\$

Certification: I hereby certify that all information reported on this form is true, complete, and accurate. Further, I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.

(Please sign and date below)

Student Signature _____ Date _____

Spouse Signature _____ Date _____