



COLLEGE OF THE CANYONS - FINANCIAL AID OFFICE

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2019-2020 Parent PLUS Loan Activation

SECTION 1: PARENT INFORMATION

Parent Last Name	Parent First Name	Parent SSN	
Parent Date of Birth:	Parent Phone Number	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address, City, State, ZIP			
Parent E-mail Address			
Citizenship Status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Permanent Resident	A _____ <input type="checkbox"/> Other

SECTION 2: PARENT PLUS LOAN AMOUNT

Enter the amount you wish to borrow for the 2019-2020 ACADEMIC YEAR. The total PLUS Loan amount borrowed by a parent may not exceed the student's estimated cost of attendance minus other financial aid awarded for the period of enrollment.

Total Parent PLUS Direct Loan \$

SECTION 3: STUDENT ENROLLMENT STATUS

All Parent PLUS Loan disbursements are split into two payments, the first at the beginning of the semester and the second after the midpoint of the semester. A parent may receive a PLUS loan only to pay for the educational costs of a dependent undergraduate student who is attending at least half-time (6.0 units) at College of the Canyons.

Student Last Name	Student First Name	COC ID Number:	
<input type="radio"/> Fall & Spring	<input type="radio"/> Fall Only	<input type="radio"/> Spring Only	

Certification: I request that College of the Canyons process my application for a Parent PLUS Loan and forward that data to the Department of Education to complete processing of my loan. I am requesting a loan for the amount indicated above. College of the Canyons will determine the maximum loan amount, based on the cost of attendance minus the amount of aid my son/daughter is receiving from other programs. Under penalty of perjury, I hereby swear or affirm that all information on this form is true, complete, and accurate to the best of my knowledge. Further, I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed. *(Please sign and date below)*

Parent Signature _____ Date _____

FOR OFFICE USE ONLY

Processed by: _____ Date: _____ Parent COCID Number: _____