

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

2021-2022 Parent PLUS Loan Activation

SECTION 1: PARENT INFORMATION

		ParentSSN	
Parent Last Name	Parent First Name		
Parent Date of Birth:	Parent Phone Number		Gender: Male
Address, City, State, ZIP			
Parent E-mail Address			
Citizenship Status U.S. Citizen	Permanent Resident A	Other	
Total Parent PLUS Direct Loan CTION 3: STUDENT ENROLLMEN All Parent PLUS Loan disbursements of	us other financial aid awarded for the period of	e beginning of the semester o	•
attending at least half-time (6.0 units) at Co			
Student Last Name	Student First Name	COC ID Number:	
🔿 Summer			
to complete processing of my loan. I am re amount, based on the cost of attendance r swear or affirm that all information on this	Canyons process my application for a Parent Pl questing a loan for the amount indicated above ninus the amount of aid my son/daughter is rece form is true, complete, and accurate to the best nial, reduction, withdrawal, and/or repayment of	. College of the Canyons will dete eiving from other programs. Und of my knowledge. Further, I unde	ermine the maximum loan er penalty of perjury, I hereby erstand that false statements
Parent Signature		Date	

FOR OFFICE USE ONLY						
Processed by:	Date:	Parent COCID Number:]