



PLEASE COMPLETE THIS FORM AND RETURN TO THE FINANCIAL AID OFFICE

*****FORMS MUST BE COMPLETED IN BLACK INK ONLY*****

Parent Information:

Name: _____ Social Security #: _____

Birth Date: _____

Address: _____
P.O./Street City/State Zip

Home Phone: (____) _____ Driver's License #: _____
(State/Number)

Student Information:

Name: _____ Social Security #: _____

Student ID #: _____ Anticipated Graduation Date: _____

Are you a dorm student? (Yes___) (No___) If so, what is room number? _____

Total Amount of

PLUS Loan Request: FALL \$ _____ SPRING \$ _____ SUMMER \$ _____

You have the right to cancel or reduce the loan amount at any time by completing a Parent Right to Cancel Loan Form located on <https://www.coastalalabama.edu/admissions-aid/financial-aid/financial-aid-forms/>

I hereby certify that I understand the information listed above, and declare that the loan proceeds will be used for educational purposes.

Parent Signature: _____ Date: _____

INCOMPLETE FORMS WILL NOT BE PROCESSED

Please note that processing may take 7-10 business days after documents are received. Processing time may be longer during peak processing times.

MAIL, FAX, OR EMAIL THIS FORM USING THE INFO BELOW...

Coastal Alabama Community College
Financial Aid
1900 Highway 31 South
Bay Minette, AL 36507
FAX: 251-580-2182
EMAIL: financial_aid@coastalalabama.edu