

SUBMIT FORM AND REQUIRED ATTACHMENTS TO:

Eckerd Connects | E-Nini-Hassee, 7027 E. Stage Coach Trail, Floral City, FL 34436

Admissions: (888) 726-3883 | Fax: (352) 726-3260 | E-mail: admissions@eckerd.org

TO BE COMPLETED BY PERSON(S) FINANCIALLY RESPONSIBLE FOR ADMISSION.

YOUTH INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

FINANCIALLY/LEGALLY RESPONSIBLE PARTY

Name: _____ Social Security : _____

Street Address: _____ D.O.B.: _____

City, State, Zip: _____ Preferred Phone: _____

Employer Name: _____

Employer Address: _____

City, State, Zip: _____ Business Phone: _____

Occupation: _____

Relation to Youth: _____ E-mail: _____

CO-FINANCIALLY/LEGALLY RESPONSIBLE PARTY

Name: _____ Social Security : _____

Street Address: _____ D.O.B.: _____

City, State, Zip: _____ Home Phone: _____

Employer Name: _____

Employer Address: _____

City, State, Zip: _____ Business Phone: _____

Occupation: _____

Relation to Youth: _____ E-mail: _____

1. ACCOUNT(S) WHICH WILL BE UTILIZED AS A FUNDING SOURCE(S):

☐ Annual Income ☐ Mutual Funds ☐ Stocks & Bonds ☐ Checking/Savings Account ☐ Loan

☐ Retirement Fund ☐ Trust Fund ☐ College Fund ☐ Other Assets _____
(Please Specify)

2. PLEASE ATTACH COPIES OF YOUR LATEST TAX RETURN OR ANY STATEMENTS TO VERIFY FUNDING SOURCES

(such as Mutual Funds, Savings Accounts, etc).

FINANCIAL INFORMATION

3. Total Annual Income:

Salary, (Household) \$ _____

Other Income _____

Total Annual Income: \$ _____

No. of people in household _____

Annual Expenses:

Rent / Mortgage \$ _____

Credit Card Payments _____

Other Expenses _____

Total Annual Expenses: \$ _____

Eckerd Connects | E-Nini-Hassee Financial Information Continued

(Confidential)

Youth's Name: _____

ASSETS

4.

Item	Present Market Value	Balance Owed	Financial Accounts:
Home	_____	_____	Savings & Checking Accounts \$ _____
Other Assets	_____	_____	Investments \$ _____
			Retirement Accounts \$ _____
			Other Financial Accounts \$ _____

TUITION DISCOUNTS

Which tuition discount(s) will apply to your family? ☐ 2nd Child ☐ Active Military ☐ Prepayment (Six months minimum)

ADDITIONAL INFORMATION

Please note any unusual circumstances not specifically noted in this application. A deposit of the last month's payment is required at time of admission. You will be required to sign a payment agreement at the time of admission. It is our policy to send any delinquent accounts to a collection agency. The collection agency will report any delinquencies to the National Credit Bureau.

PLEDGE

I (We) declare that the information reported on this form, to the best of our knowledge and belief, is true, accurate and complete. I (We) authorize Eckerd Connects | E-Nini-Hassee to obtain a credit report. I (We) authorize Eckerd Connects | E-Nini-Hassee to contact the above employer(s) to verify accuracy of the employment information provided. I (We) further authorize the employer(s) to release such information to Eckerd Connects | E-Nini-Hassee.

Signature of Responsible Party

Signature of Responsible Party / Co-signer

Date: _____

Date: _____