

SUBMIT FORM AND REQUIRED ATTACHMENTS TO:
Eckerd 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: \$ _____

Annual Expenses:

Rent / Mortgage \$ _____
Credit Card Payments _____
Other Expenses _____
Total Annual Expenses: \$ _____

Eckerd 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 E-Nini-Hassee to obtain a credit report. I (We) authorize Eckerd 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 E-Nini-Hassee.

Signature of Responsible Party

Signature of Responsible Party / Co-signer

Date: _____

Date: _____