

Financial Information

(Confidential)

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

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:						
Name:Social Security :	me:					
Name:Social Security :						
Street Address: D.O.B.: City, State, Zip: Preferred Phone: Employer Name: Employer Address:						
City, State, Zip: Preferred Phone: Employer Name: Employer Address:						
Employer Name:Employer Address:						
Employer Address:						
City, State, Zip: Business Phone:						
Occupation:						
Relation to Youth: E-mail:						
CO-FINANCIALLY/LEGALLY RESPONSIBLE PARTY	CO-					
Name: Social Security :						
Street Address: D.O.B.:	ddress:					
City, State, Zip: Home Phone:	te, Zip:					
Employer Name:	er Name:					
Employer Address:						
City, State, Zip: Business Phone:						
Occupation:						
Relation to Youth: E-mail:	n to Youth:					
1. ACCOUNT(S) WHICH WILL BE UTILIZED AS A FUNDING SOURCE(S):	OUNT(S) WHICH WILL BE UTILIZE					
☐ Annual Income ☐ Mutual Funds ☐ Stocks & Bonds ☐ Checking/Savings Account ☐ Loan	Annual Income Mutual Fund					
☐ Retirement Fund ☐ Trust Fund ☐ College Fund ☐ Other Assets	Retirement Fund Trust Fund					
(Please Specify)	ACE ATTACH CODIES OF VOLID LA					
2. PLEASE ATTACH COPIES OF YOUR LATEST TAX RETURN OR ANY STATEMENTS TO VERIFY FUNDING SOURCES (such as Mutual Funds, Savings Accounts, etc).						
(Such as Mataut Lanas, Sacings Accounts, etc).	us matat i anas, saoings needa					
FINANCIAL INFORMATION						
3. Total Annual Income: Annual Expenses:	I Annual Income:					
•						
	Salary, (Household) \$					
Total Annual Income: \$ Other Expenses	·					
Total Annual Expenses: \$ Total Annual Expenses: \$	Annual income; \$					

Eckerd E-Nini-Hassee Financial Information Continued

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Youth's Name:						
ASSETS						
	Present Market Value					
			Other Financial Accounts \$			
TUITION DISCOUNTS						
Which tuition d	iscount(s) will apply to you	r family? 🔲 2nd C	hild □ Active Military	☐ Prepayment (Six months minimum)		
ADDITIONAL INFORMATION						
at time of admis	ssion. You will be required	to sign a payment agree y. The collection agency	ment at the time of admissi	the last month's payment is required on. It is our policy to send any es to the National Credit Bureau.		
I (We) authorize employer(s) to v	Eckerd E-Nini-Hassee to o	btain a credit report. I (V	Ve) authorize Eckerd E-Nini-	elief, is true, accurate and complete. Hassee to contact the above ize the employer(s) to release such		
Signature of Respo	onsible Party		Signature of Resp	onsible Party / Co-signer		
Date:			Date:			