

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: \$ _____

