

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:	i to Youth:						
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	Other Income						
Total Annual Expenses: \$ Total Annual Expenses: \$	Annual income; \$						

Eckerd E-Nini-Hassee Financial Information Continued

(Confidential)

Youth's Name:						
ASSETS						
	Present Market Value Balance Owed					
		Other Financial Accounts \$		nts \$		
TUITION DISCOUNTS						
Which tuition d	iscount(s) will apply to you	r family? 🔲 2nd 0	Child ☐ Active Military	☐ Prepayment (Six months minimum)		
		ADDITIONAL	INFORMATION			
at time of admis	ssion. You will be required	to sign a payment agree	ement at the time of admissi will report any delinquenci	the last month's payment is required on. It is our policy to send any es to the National Credit Bureau.		
L(Wo) doclare th	at the information reported			f, is true, accurate and complete. I		
(We) authorize E employer(s) to v	ckerd E-Nini-Hassee to obta rerify accuracy of the emplo	ain a credit report. I (We) yment information prov	authorize Eckerd E-Nini-Has	see to contact the above the employer(s) to release such		
Signature of Respo	onsible Party		Signature of Resp	onsible Party / Co-signer		
Date:			Date:			