

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: \$ _____

