



Office Use Only
Amount of Tuition: _____
Amount of Reg. Fees: _____
Hours of Care: _____

# *Elite Preparatory Academy*

## Financial Aid Application

Date of Application: \_\_\_\_\_

**1. Applicant Information:**

Child's Name: \_\_\_\_\_

Child's Grade Level: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**What Services are you applying for: (Circle all that Apply)**

**Before care    Aftercare    Weekly Tuition    Registration Fees**

**2. Indicate one or more races**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan American | <input type="checkbox"/> Hispanic or Latino                        |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Other                               |  |

**3. Child's Gender:**

- Male                       Female

**4. Contact Information:**

**Phone Number**

Home: \_\_\_\_\_

Alternate: \_\_\_\_\_

Cell: \_\_\_\_\_

**Mailing Address:**

Street: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Optional Email Address:**

Email: \_\_\_\_\_

**5. Is Florida your state of legal residence?**

Yes                       No

**6. Citizenship Status**

U.S. Citizen             Non-Citizen             Eligible Non-Citizen

**7. Total Family Income: Includes all family income (taxed and untaxed) for the year.**

Family Size	Total Family Income (not to exceed)	Family Size	Total Family Income (not to exceed)
2	\$18,941	6	\$38,389
3	\$23,803	7	\$43,251
4	\$28,665	8	\$48,113
5	\$33,527	More than 8	For each additional family member add \$4,862

Family Size: \_\_\_\_\_ Total Family Income: \_\_\_\_\_

**8. Employment Information:**

Place of Employment: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Weekly Income: \_\_\_\_\_

**9. Additional Information Required:**

1. Please provide a copy of the last 3 pay stubs
2. Last years tax return\*

**\*May be required**