



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**