



HOPE COUNSELING CENTERS

4404 South Florida Avenue
Suite 3
Lakeland, FL 33813

Phone: (863) 709-8110
Fax: (863) 709-8118
contact@hopecounselingep.com
www.hopecounselingep.com

FINANCIAL AID REQUEST FORM

Name: _____ Date of Birth: _____

Address: _____

Telephone #: _____ Social Security #: _____ Number of
adults working FULL time in home _____

Number of people living in your home (dependants): Adults _____ Children _____

Name of Banks where accounts are held:

_____ Acct #: _____

_____ Acct #: _____

_____ Acct #: _____

Please list your monthly housing and transportation expenses. Are there any other particulars of your family's financial situation that we should be aware of (such as loans, credit card debt, family illness etc...)?

Total Income last 3 years: _____

Federal, State, Local Income Tax Paid: _____

F.I.C.A (Social Security) Tax Paid: _____

Uninsured, Non-reimbursement Medical Expenses: _____

ASSETS:

Cash on Hand and in Banks: _____

Stocks, Bonds, Mutual Funds: _____

Real Estate (estimated net value after loans) _____

All other Monetary Assets (Trust Funds, Retirement, etc.) _____

Total Assets: _____

In applying for Financial Aid, I certify that the statements contained herein are true and that I have filled out the financial aid application in sufficient detail that it will not be misleading. A representative from Hope Counseling Centers is authorized to obtain any information which it deems necessary for the review of my application

Applicant's Signature: _____ Date: _____

Offices:

Lakeland | Winter Haven | Daytona | Tampa

Davenport | Ft. Pierce | Frostproof | Leesburg | New Port Richey | Ocala | St. Augustine | Sebring | Umatilla