



Holy Trinity
Episcopal School

School Financial Aid Application

P: 352-787-8855
F: 352-805-4447

2201 Spring Lake Road
Fruitland Park, FL 34731

www.htepiscopalschool.org
office@htepiscopalschool.org

Applicant Name: _____ Phone Number: _____

Student Name: _____ Email: _____

Address: _____

To best serve all our students, please indicate below both the maximum desired assistance, and the minimum reasonably required assistance. In all cases, we will do our best to provide as much as we can per student.

Parent Tuition Responsibility Total: \$ _____

Max Total Requested Assistance: \$ _____

Min Total Required Assistance: \$ _____

Do you have multiple students requesting assistance? _____

How many students total? _____

Parent/Guardian Signature

Date

For Office Use Only:

School Year: _____

Aid Assessor: _____

Total Aid Assessed: \$ _____

Head of School Signature

Date