



SRRC • Berry College • Rome City Schools
Financial Aid Application and Guidelines

All applications will be reviewed by the SRRC staff and all documents requested will remain confidential.

- ✓ Applicants must apply for any state funded assistance they are eligible for prior to seeking financial assistance from the SRRC. The South Rome Early Learning Center (ELC) works with programs such as CAPS (Childcare and Parent Services) that use state and federal funds to assist eligible families who need help with paying the cost of child care when funding is available.
- ✓ The child must meet all eligibility requirements to attend the center and be unconditionally accepted before financial assistance from SRRC will be granted.
- ✓ Financial aid is granted based on annual household income and family size. Any assistance is awarded for one academic year.
- ✓ Each family's situation will be different and the documents requested will be specific to their situation. Documents may include most recent tax return, W-2's, payroll stubs, public assistance programs, veteran benefits, or social security award letter.
- ✓ SRELC shall not be responsible for any lost or misdirected applications.

All materials and applications should be hand delivered or mailed in a sealed envelope, directed to:

South Rome Early Learning Center
Attention: Financial Aid Committee
24 East Main Street, SW
Rome, GA 30161

SRELC Financial Aid Application

Child's Name: _____

Parent/Guardian Name: _____

Relationship to child: Mother Father Grandparent Other

Home Address: _____

**proof of residency is required*

City: _____ State: _____ Zip: _____

Contact: Home/Cell: _____ Work: _____ Email: _____

How many live in the household? _____

Name **and** ages of other dependents in household:

_____	_____
_____	_____
_____	_____

Documents attached to verify income:

- Most current Tax Return
- Last 4 weeks Pay stubs
- Unemployment status and payment verification
- SSI or SSDI disability award letter
- Veteran Benefits
- Retirement benefits
- Certification of Zero Income form

Financial Information

Employer of parents/guardians with whom the child resides:

Name: _____ Relationship: _____

Employer: _____

Occupation: _____

Annual Adjusted income: _____

Name: _____ Relationship: _____

Employer: _____

Occupation: _____

Annual Adjusted income: _____

Name: _____ Relationship: _____

Employer: _____

Occupation: _____

Annual Adjusted income: _____

Total annual adjusted household income: _____

Do you currently receive any benefits or services listed below?

- Temporary Assistance for Needy Families (TANF) _____ per month
- Supplement Nutrition Assistance Program (Also known as Food Stamps) _____ per month
- Child support _____ per month
- Childcare and Parent Services (CAPS) _____ per month
- Other scholarships _____ per month
- Other _____ per month

Please read and sign

I attest that the information submitted is accurate and complete to the best of my knowledge.

Parent/Guardian signature: _____ Date: _____