

Program Fees & Financial Assistance

ERfC Learning Centers

Name of Parent or Guardian _____

First & Last Name of Child(ren) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Number of People in Household _____

Email Address _____

Employer(s) _____
(NONE if unemployed)

Work Phone(s) _____

HOUSEHOLD INCOME		
	MONTHLY	YEARLY
(1) INCOME ←		
Income from ALL jobs	\$	\$
Town and State assistance	\$	\$
DCF assistance	\$	\$
Child support	\$	\$
Other Income	\$	\$
TOTAL HOUSEHOLD INCOME	\$	\$
(2) EXPENSES ←		
Rent/Mortgage	\$	\$
Total Utilities	\$	\$
Car Payment	\$	\$
Medical Payments	\$	\$
Other (Explain)	\$	\$
TOTAL HOUSEHOLD EXPENSES	\$	\$
(3) MONEY REMAINING	\$	\$
(4) DO YOU RECEIVE FOOD STAMPS?	Yes or No	

Use this work space to:

1. Enter all forms of family income.

Please enclose 2 copies of recent paystubs from EACH job and last year's Federal Tax form.

2. Enter all expenses.

3. Subtract Total Expense from Total Income to show "Money Remaining"

4. Enter Yes or No

ERfC FINANCIAL AID APPLICATION

I want to apply for financial aid to attend one of ERfC's Learning & Enrichment Centers:

Alcorn Center Barnard Center JFK Center

I am able to pay \$ _____ every month.

Signed by Parent or Legal Guardian	Date

Educational Resources for Children, Inc.
 Educational Resources for Children, Inc., 103R Phoenix Ave, Enfield, CT 06082
 Phone: 860-253-9935 • Fax: 860-253-9995
 Web Site: www.erfc.us