



NEW HAMPSHIRE

A Program of Community Action Partnership Hillsborough and Rockingham Counties

A Program of Community Action Partnership Hillsborough and Rockingham Counties

And Child Care Aware of New Hampshire

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www.nh-connections.org or www.CAPHR.org

TEACH Early Childhood® NH Child Development Associate Scholarship Application
(A full, complete application requires 120 training and 480 clock hours)\*

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Cell Number \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender (reply optional): \_\_\_\_\_

CDA® Application Process Timeline

Step 1: Apply for a TEACH Scholarship

- Must have completed 480 clock hours
• Must have completed 120 CDA® training hours

Step 2: Complete 50% of CDA® Portfolio within 3 months of awarded scholarship

Step 3: Sign TEACH NH contract when 50% of CDA® portfolio is complete

Step 4: Apply and schedule assessment visit within 8 weeks of when contract is signed

Which age group will you specify for your CDA® Credential?

\_\_\_\_\_ Center-based infant/toddler program (children up to 36 months)

\_\_\_\_\_ Center-based preschool program (children 3-5 years)

\_\_\_\_\_ Family child care or family child care group program

Application Checklist:

The following items must be included in your application packet to be considered for a TEACH NH scholarship:

[ ] Scholarship Application

[ ] Sponsor Participation Agreement

[ ] Proof of 120 Training Hours

[ ] Recent Pay Stub

[ ] Proof of 480 Clock Hours

\*Visit the Council for Professional Recognition website for further information: <https://www.cdacouncil.org/>

**Employment Status:**

**What is your current title?**

- |  |   |
|--|---|
| <input type="checkbox"/> Teacher           | <input type="checkbox"/> Family Child Care Provider/Assistant |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Non-Teaching Professional Staff      |
| <input type="checkbox"/> Administrator     | <input type="checkbox"/> Non-Teaching Support Staff           |

**What age groups do you teach? (Please check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Infants (0-12 Months)       | <input type="checkbox"/> Toddler (13-36 Months) |
| <input type="checkbox"/> Preschool (37 Months-Pre-K) | <input type="checkbox"/> School Age             |

**How many children are in your classroom or child care home?:** \_\_\_\_\_

**Race & Ethnicity (reply optional)**

**I identify as:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Middle Eastern or North African     |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> White                               |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Two or More Races                   |
| <input type="checkbox"/> Other                            |  |

**Educational History:**

**How did you hear about the TEACH Early Childhood® NH Program?**

- |  |  |
|--|--|
| <input type="checkbox"/> Brochure or Flyer                   | <input type="checkbox"/> Center Director |
| <input type="checkbox"/> Child Care Aware of NH Staff Member | <input type="checkbox"/> College         |
| <input type="checkbox"/> Early Childhood Collaborative       | <input type="checkbox"/> E-Newsletter    |
| <input type="checkbox"/> Licensing or Outside Organization   | <input type="checkbox"/> Online Training |
| <input type="checkbox"/> TEACH Sponsor                       | <input type="checkbox"/> TEACH Recipient |
| <input type="checkbox"/> Website                             | <input type="checkbox"/> Other: _____    |

**Please check the box(es) that best describe your educational history:**

- |  |   |
|--|---|
| <input type="checkbox"/> No high school diploma            | <input type="checkbox"/> High school diploma/GED          |
| <input type="checkbox"/> Associate's Degree (Major: _____) | <input type="checkbox"/> Bachelor's Degree (Major: _____) |
| <input type="checkbox"/> Master's Degree (Major: _____)    | <input type="checkbox"/> Doctorate Degree (Major: _____)  |
| <input type="checkbox"/> Other                             |   |

**Please check one that best describes your educational goals:**

- Earn a Child Development Associate (CDA) Credential while working toward an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree
- Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor’s Degree

**When would you like your scholarship to begin?**

CDA Assessment must occur within 12 months of beginning the scholarship.

Month \_\_\_\_\_ Year \_\_\_\_\_

**Current Employment:**

Name of Center/Program: \_\_\_\_\_

Center Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

License Number: \_\_\_\_\_

**Statement of Income:**

**Please fill in the following information about your current rate of pay.**

Employer Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

**How many months per year do you work?:** \_\_\_\_\_

**How long have you worked in the field of early childhood?**

- Less than 2 Years
- 2-5 Years
- 6-10 Years
- 10+ Years

***Please attach a copy of your most recent pay stub.***

**Statement & Signature of Applicant**

I attest to the fact that the information that I have provided is true and accurate. Based on this information I am applying to TEACH Early Childhood® NH for a scholarship to help pay the cost of educational expenses.

Signature of Applicant

Date



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