



NEW HAMPSHIRE

A Program of Community Action Partnership Hillsborough and Rockingham Counties

And Child Care Aware of New Hampshire

88 Temple Street, Nashua, NH 03060

Telephone: (603) 578-1386, x2527 or 1-855-393-1731 Fax: (603) 578-1736

www.CAPHR.org

TEACH Early Childhood® NH Associate Degree Scholarship Application

Date: _____ Email: _____

Name: _____

Address: _____

City, State & Zip: _____

County: _____

Phone Number (Cell): _____ Work: _____

SSN: _____ Date of Birth (mm/dd/yy): _____ Gender (reply optional): _____

Application Checklist

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

Scholarship Application Recent Pay Stub Sponsor Participation Agreement

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/Director	<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 – PreK)	<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"/> CDA	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Bachelor's Degree (Major: _____)	(Major: _____)
<input type="checkbox"/> Doctorate Degree (Major: _____)	<input type="checkbox"/> Master's Degree (Major: _____)
	<input type="checkbox"/> Other

Please check one that best describes your educational goals:

<input type="checkbox"/> Take early childhood courses to become qualified as an Associate or Lead Teacher as required by Child Care Licensing
<input type="checkbox"/> Earn an Early Childhood Associate Degree
<input type="checkbox"/> Earn an Early Childhood Associate Degree and transfer to a four-year college/university to earn a Bachelor's Degree
<input type="checkbox"/> Other _____

Are you currently enrolled at a college or university?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Which college/university are you enrolled in or would you like to attend? _____

When would you like your scholarship to begin? (Check the semester and write in the appropriate year.)

Fall

Spring

Summer

_____ (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

Have you completed the FAFSA to determine your need for any other financial aid? (For example: Pell Grants or student loans)

Yes, date applied _____ Not yet

Please include a copy of your most recent pay stub with your application. Email completed application to teachnh@caphr.org, or mail to TEACH NH, 88 Temple St, Nashua, NH 03060.

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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