



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](http://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?**

☐ Teacher      ☐ Family Child Care Provider/Assistant  
☐ Assistant Teacher      ☐ Non-Teaching Professional Staff  
☐ Administrator/Director      ☐ Non-Teaching Support Staff

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

☐ Infants (0-12 Months)      ☐ Toddler (13-36 Months)  
☐ Preschool (37 Months – PreK)      ☐ 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<br>(Major: _____) | (Major: _____)   |
| <input type="checkbox"/> Doctorate Degree<br>(Major: _____)  | <input type="checkbox"/> Master's Degree<br>(Major: _____) |
|  | <input type="checkbox"/> Other                             |

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

- ☐ Take early childhood courses to become qualified as an Associate or Lead Teacher as required by Child Care Licensing
- ☐ 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
- ☐ Other \_\_\_\_\_

**Are you currently enrolled at a college or university?**

- ☐ Yes ☐ No

**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](mailto: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



TEACH NH is a program of Child Care Aware of New Hampshire and Community Action Partnership Hillsborough and Rockingham Counties. The preparation of this document was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.