



T.E.A.C.H. Early Childhood® NH
A Program of Child Care Aware of New Hampshire
A Program of Southern New Hampshire Services



Child Care Aware of New Hampshire – Main Office 88 Temple Street, Nashua, NH 03060
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nh-connections.org or www.SNHS.org

T.E.A.C.H. Early Childhood® NH Associate Degree Scholarship Application

Date: _____ **Email:** _____

Name: _____

Address: _____

City, State & Zip: _____

County: _____

Phone Number (Home): _____ **Work:** _____

Cell Number: _____ **SSN:** _____

Date of Birth (mm/dd/yyyy): _____ **Gender:** _____

Application Checklist:

The following items must be included in your application packet to be considered for a T.E.A.C.H. 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	<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?: _____

Ethnicity:**Are you of Hispanic, Latino or Spanish origin?**

☐ Yes (Includes Mexican, Mexican American, Chicano, Puerto Rican, Cuban or Spanish)

☐ No

What is your race or ethnic origin?

☐ White

☐ Black or African American

☐ American Indian or Alaska Native

☐ Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino or other Asian)

☐ Native Hawaiian or Pacific Islander (Includes Samoan, Chamorro or other Pacific Islander)

☐ Other (two or more races)

☐ Other

Educational History:**How did you hear about the T.E.A.C.H. Early Childhood® NH Program?**

☐ Brochure or Flyer

☐ Child Care Aware of NH Staff Member

☐ Early Childhood Collaborative

☐ Licensing or Outside Organization

☐ T.E.A.C.H. 101 Info Session

☐ T.E.A.C.H. Sponsor

☐ Other (please specify): _____

☐ Center Director

☐ College

☐ E-Newsletter

☐ Online Training

☐ T.E.A.C.H. Recipient

☐ Website

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

☐ No high school diploma

☐ CDA

☐ Bachelor's Degree
(Major: _____)

☐ Doctorate Degree
(Major: _____)

☐ High school diploma/GED

☐ Associate's Degree
(Major: _____)

☐ Master's Degree
(Major: _____)

☐ 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?: _____

Do you have access to technology?: ☐ Computer ☐ Laptop ☐ Tablet ☐ No Access

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

☐ Fall ☐ Winter ☐ 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.

Job #1

Employer Name: _____

Start Date: _____ Hours/Week: _____ Hourly Rate: _____

Job #2 (If applicable)

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 applied for any other financial aid? (*For example: Pell Grants or student loans*)

☐ Yes ☐ No

1st Source of Financial Aid?: _____

Date Applied: _____

Application Status: ☐ Awarded ☐ Denied ☐ Pending

2nd Source of Financial Aid?: _____

Date Applied: _____

Application Status: ☐ Awarded ☐ Denied ☐ Pending

Your Total Income: \$ _____

Your Total Family Income (*your spouse included*): \$ _____

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 T.E.A.C.H. Early Childhood® NH for a scholarship to help pay the cost of educational expenses.

Signature of Applicant

Date



T.E.A.C.H. NH is a program offered in partnership with Child Care Aware of NH, a Child Care Resource and Referral Program of Southern NH Services, Inc. The preparation of this training was funded under a contract with the State of NH, Department of Health and Human Services, Division of Economic and Housing Stability, Bureau of Child Development and Head Start Collaboration, with funds provided in part by the State of NH and the US Department of Health and Human Services.

