



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

Telephone: (603) 578-1386, ext. 2527 or 1-855-393-1731 Fax: (603) 578-1736

nh-connections.org or www.SNHS.org

T.E.A.C.H. 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:** _____

CDA® Application Process Timeline

Step 1: Apply for a T.E.A.C.H. 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 T.E.A.C.H. 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 T.E.A.C.H. NH scholarship:

☐ Scholarship Application

☐ Sponsor Participation

☐ Proof of 120 Training Hours

☐ Recent Pay Stub

☐ Agreement

☐ 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?: _____

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

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Yes (this includes Mexican,
Mexican American, Chicano,
Puerto Rican, Cuban or Spanish) | <input type="checkbox"/> No |
|---|-----------------------------|

What is your race or ethnic origin?

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Pacific Islander
(includes Samoan, Chamorro or other
Pacific Islander) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other (two or more races) |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asian (includes Asian Indian,
Japanese, Chinese, Korean,
Vietnamese, Filipino or other Asian) | |

Educational History:**How did you hear about the T.E.A.C.H. 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"/> T.E.A.C.H. 101 Info Session | <input type="checkbox"/> T.E.A.C.H. Recipient |
| <input type="checkbox"/> T.E.A.C.H. Sponsor | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other (please specify): _____ | |

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

Are you currently enrolled at a community college?

- ☐ Yes ☐ No

Do you have access to a computer/laptop/tablet?

- ☐ Yes ☐ No

Do you have access to Wifi?

- ☐ Yes ☐ No

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.

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, Smart Start 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.

