



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.nh-connections.org or 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
(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:

- ☐ 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 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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