



A Program of Community Action Partnership Hillsborough and Rockingham Counties

A Program of Community Action Partnership Hillsborough and Rockingham Counties

And Child Care Aware of New Hampshire

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www.nh-connections.org or www.CAPHR.org

TEACH 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 (reply optional): _____

CDA® Application Process Timeline

Step 1: Apply for a TEACH 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 TEACH 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 TEACH NH scholarship:

☐ Scholarship Application

☐ Sponsor Participation
Agreement

☐ Proof of 120 Training Hours

☐ Recent Pay Stub

☐ 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?: _____

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"/> 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

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.

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

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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