

T.E.A.C.H. Early Childhood® NH
A Program of Child Care Aware of New Hampshire
And Community Action Partnership
Hillsborough and Rockingham Counties



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

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

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?

- 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? _____

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. Sponsor
- Website
- Center Director
- College
- E-Newsletter
- Online Training
- T.E.A.C.H. Recipient
- Other: _____

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? _____

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

Signature of Applicant

Date



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