



NEW HAMPSHIRE

A Program of Community Action Partnership Hillsborough and Rockingham Counties

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And Child Care Aware of New Hampshire

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

TEACH Early Childhood® NH Bachelor’s 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 TEACH NH scholarship:

- Scholarship Application, Sponsor Participation Agreement, Associate Degree Diploma, Recent Pay Stub

Employment Status

What is your current title?

- Teacher, Associate Teacher, Assistant Teacher, Administrator/Director, Family Child Care Provider/Assistant, Non-Teaching 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 Native Hawaiian or Pacific Islander (Includes Samoan, Chamorro or other Pacific Islander)
 Black or African American Other (two or more races)
 American Indian or Alaska Native Other
 Asian (includes Asian Indian, Japanese, Chinese, Korean, Vietnamese, Filipino or other Asian)

Educational History

How did you hear about the TEACH Early Childhood® NH Program?

- Brochure or Flyer Center Director
 Child Care Aware of NH Staff Member College
 Early Childhood Collaborative E-Newsletter
 Licensing or Outside Organization Online Training
 TEACH Sponsor TEACH Recipient
 Website Other: _____

Where did you earn your Associate Degree in Early Childhood Education?

Name of College/University: _____
Location of College/University (City, State): _____

Please check one that best describes your educational goals:

- Earn an Early Childhood Education Bachelor's Degree
 Earn an Early Childhood Bachelor's Degree and continue on to earn a Master's Degree
 Other _____

Are you currently enrolled at the University of New Hampshire, College of Professional Studies?

- Yes No

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 and Associate Degree diploma.

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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