



NEW HAMPSHIRE

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 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? \_\_\_\_\_

**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: _____    |

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.

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Signature of Applicant
Date



TEACH NH is a program of Child Care Aware of New Hampshire and Community Action Partnership Hillsborough and Rockingham Counties. The preparation of this document was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.