

Community College System of New Hampshire
Human Services / Community Social Services Certificate Program
NH Bureau of Developmental Services Scholarship Program

The New Hampshire Bureau of Developmental Services (BDS) offers scholarships for courses through the Community College System of New Hampshire leading to a Certificate in Human Services, Community Social Services and/or an Associate's Degree in Human Services. Scholarships through this program may pay the full tuition for each course in these programs. Students are responsible for purchasing books and supplies, and are expected to matriculate at the College they attend.

Scholarship Eligibility

- **Employees** of agencies receiving funding through The NH Bureau of Developmental Services, affiliated with a Developmental Service Provider Agency or an Area Agency (AA) are eligible to apply for the Scholarships. Eligibility is determined and confirmed by the local Area Agency within these guidelines.
- **Individuals and their family members** who are affiliated with a Developmental Service Provider Agency or an Area Agency (AA) are eligible to apply for the Scholarships. Eligibility is determined and confirmed by the local Area Agency within these guidelines.

Application Process:

1. Pick up an application package from your local Area Agency or local CCSNH College.
2. Complete the application form and obtain the required signature(s) on the Nominations Page from an individual authorized to confirm your eligibility through your Area Agency.
3. Return your signed application form and Nominations Page to the Human Services contact at the CCSNH College where you plan to complete your certificate and/or Human Services degree. This will enable you to confirm your course selections for registration purposes.
4. Award letters will be issued to you, confirming the award amount(s) for eligible course(s).

Students who do not receive scholarships from the Bureau of Developmental Services may be eligible for other financial aid options. Contact your local CCSNH College for more information.

College Contacts

These individuals will answer questions about the certificate programs and provide needed course information.

Linda Ferruolo, M.Ed.
Human Services Program Coordinator
Lakes Region Community College
lferruolo@ccsnh.edu 603-524-3207 x 6731

Professor Jayne Barnes
Chair- Education/ Applied & Behavioral Sciences
Nashua Community College
jbarnes@ccsnh.edu 603-578-8970

Kathleen R. Curran, M.Ed., LCMHC
Department Head of Human Service & Addiction Counseling
NHTI-Concord's Community College
kcurran@ccsnh.edu 603-271-6484 x 4147

Susan L. Parry, M.Ed.
Program Director Human Services
River Valley Community College
sparry@ccsnh.edu 603-542-7744 x 5415

Laurie Carrier
Program Assistant
White Mountains Community College
lcarrier@ccsnh.edu 603-752-1113 x 3047

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NOMINATION FORM & AUTHORIZATION TO REGISTER

Nomination for Term: Fall Spring Summer 2013 2014 2015
Is this the first term you have requested assistance through this program? YES or NO

To verify eligibility for this scholarship support from the Bureau of Developmental Services, you must submit this form each semester in which you register for a course(s). This form indicates that you have the support of the Area Agency (AA) in your region, and your employer if you work for an organization contracted with one of the Area Agencies.

This form, providing verification from the CCSNH Human Services Coordinator, is required for registration.

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Work Phone #: _____
Email Address: _____

Course Information for Term:

_____	_____	_____
<i>Course Name</i>	<i>Course Number</i>	<i>(CRN)</i>
_____	_____	_____
<i>Course Name</i>	<i>Course Number</i>	<i>(CRN)</i>
_____	_____	_____
<i>Course Name</i>	<i>Course Number</i>	<i>(CRN)</i>

THE SIGNATURES BELOW INDICATE NOMINATION OF THE APPLICANT FOR SCHOLARSHIP SUPPORT.

Developmental Services Area Agency you work for, or are affiliated with:

- **Name of Agency/Center:** _____
- **Vendor/Contracted Organization connected to AA (if applicable):** _____
- **Signature of AA Person Authorized to Verify Eligibility:** _____
- **Signature of Applicant:** _____

FOR COLLEGE USE ONLY:

The above student is authorized to register for the following: _____

Program of Study: _____ *College Coordinator* _____

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After submitting your Application for Admission to the CCSNH College you plan to attend, please complete this application form requesting tuition assistance for your Human Services studies. The following questions need to be answered carefully and as completely as possible. This form, along with your completed Nomination Form must be submitted to your Human Services Coordinator before classes begin for the term.

Applicant Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Email Address: _____

Application Term: Fall Spring Summer 2014 2015 2016

Human Service agency you are currently affiliated with: _____

Length of time with Area Agency: _____

Other Human Services experience (summarize briefly): _____

Applicant Goals – *Please answer carefully. You are invited to attach your responses to these questions on separate pages if needed.*

1. Why have you chosen to pursue a Human Services career? _____

2. What qualities or specific skills do you believe you bring to the Human Services Field? _____

3. What would you like to be doing in Human Services five years from now? _____

4. What are your professional goals? _____

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5. What are your academic goals: _____

6. How would you use the academic experiences to achieve your professional goals? _____

Acknowledgment of Practicum Policies and Authorization to Release Information

As part of the practicum experience in the Certificate program, you will be expected to work in a NH Human Services Agency. Recent policies from various New Hampshire State Agencies have mandated that Human Service providers investigate the backgrounds of all employees, including student interns. As part of this process, a criminal background check will be conducted by the agency to which you are assigned.

The results of this background check will not be used in the process of accepting applicants into the program, but may impact your practicum placement. These results may also impact your future employment options. As a practicum student, you may be asked to pay the nominal fee for this background check. Additionally, many providers in New Hampshire are required to offer protection from Hepatitis B, a contagious and sometimes dangerous disease, to all employees, including student interns. Your placement site may require that you receive this vaccine, or sign a form documenting that you decline the vaccination and understand the implications of that decision.

Your signature below authorizes the Community College System of New Hampshire, the NH Bureau of Developmental Services, and your specific agency to receive and release information about enrollment in your academic program and your progress.

Please print then sign below to indicate that your included information is accurate and that you have read and understand the above statements.

Print Student Name: _____

Student Signature: _____

Date: _____