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.

<table>
<thead>
<tr>
<th>Linda Ferruolo, M.Ed.</th>
<th>Professor Jayne Barnes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services Program Coordinator</td>
<td>Chair- Education/ Applied &amp; Behavioral Sciences</td>
</tr>
<tr>
<td><strong>Lakes Region Community College</strong></td>
<td><strong>Nashua Community College</strong></td>
</tr>
<tr>
<td><a href="mailto:lferruolo@ccsnh.edu">lferruolo@ccsnh.edu</a></td>
<td><a href="mailto:jbarnes@ccsnh.edu">jbarnes@ccsnh.edu</a></td>
</tr>
<tr>
<td>603-524-3207 x 6731</td>
<td>603-578-8970</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kathleen R. Curran, M.Ed., LCMHC</th>
<th>Laurie Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Head of Human Service &amp; Addiction Counseling</td>
<td>Program Assistant</td>
</tr>
<tr>
<td><strong>NHTI-Concord’s Community College</strong></td>
<td><strong>White Mountains Community College</strong></td>
</tr>
<tr>
<td><a href="mailto:kcurran@ccsnh.edu">kcurran@ccsnh.edu</a></td>
<td><a href="mailto:lcarrier@ccsnh.edu">lcarrier@ccsnh.edu</a></td>
</tr>
<tr>
<td>603-271-6484 x 4147</td>
<td>603-752-1113 x 3047</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Susan L. Parry, M.Ed.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director Human Services</td>
<td></td>
</tr>
<tr>
<td><strong>River Valley Community College</strong></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:sparry@ccsnh.edu">sparry@ccsnh.edu</a></td>
<td>603-542-7744 x 5415</td>
</tr>
</tbody>
</table>
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:

____________________________________________ ______________________ ______________________
Course Name Course Number (CRN)
____________________________________________ ______________________ ______________________
Course Name Course Number (CRN)
____________________________________________ ______________________ ______________________
Course Name Course Number (CRN)

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 __________________________

Bill to Bureau of Developmental Services cc: Area Agency/Financial Aid/Registrar/CCSNH Business Office/CCSNH Grants Office/Coordinators
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 ☐  2013  2014  2015

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? _______________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
5. What are your academic goals: __________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

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

THE SIGNATURE BELOW INDICATES VERIFICATION OF THE APPLICATION FOR SCHOLARSHIP SUPPORT.

- Signature of College Coordinator Authorized to Verify Eligibility:

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: ______________