

# Application for Early Childhood Education Tuition Assistance

Community College System of New Hampshire

Phone: 1-800-247-3420 <http://www.ccsnh.edu/ece> Fax: 603-271-2725

Please mail signed original to: CCSNH Chancellor's Office – College Access Programs, 26 College Dr., Concord, NH 03301

**Important Instructions: Please fill out the application completely. It is important not to abbreviate any information. Incomplete applications will not be processed. To ensure accuracy please fill out and mail your own application.**

**\*\*\*Only Neatly Completed Applications Will be Accepted\*\*\***

Full Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*If you are not listed as a resident where you receive your mail, please indicate whom it should be mailed in care of.  
Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email\* \_\_\_\_\_

\*Required for award notification purposes. Contact information will be shared with Granite State College, our contract partners for this program.

## **Employment in a Licensed New Hampshire Early Childhood Setting Required:**

1. **Program Name** \_\_\_\_\_ **Program Director/Owner Name:** \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
2. **Position:**  Child Care Asst.  Asst. Teacher  Lead Teacher  Director **Ages of Children Served:**  Infant/Toddler  2-3yrs.  4-5yrs.  
**License #** \_\_\_\_\_ **# Hours Worked /Week\*:** \_\_\_\_\_ **Director's Verifying Signature:** \_\_\_\_\_  
\*A minimum of 20 hours/week required for childcare teachers; 30 hours/week required for directors.

## **Application History Information:**

1. Is this your first Early Childhood course at any college?  Yes or  No
- Have you completed a Child Growth and Development course?  Yes or  No
  - Number of ECE Courses completed to date: \_\_\_\_\_
  - Have you previously received an award through this program?  Yes or  No
2. Indicate current level of ECE Credential obtained through the Child Development Bureau.
- Family Child Care  Early Childhood Teacher  EC Master Teacher  EC Administrator  NONE

\*\*Information available at this link: <http://www.dhhs.nh.gov/dcyf/cdb/profdev.htm>

## **Tuition Assistance Course Information:**

3. It is **important** that you **complete** and **circle to indicate** the information about the ECE course that you will register for:

**Course Title:** \_\_\_\_\_ **Course #:** \_\_\_\_\_ **Course Registration #:** \_\_\_\_\_  
**College:** GBCC LRCC MCC NCC NHTI RVCC WMCC **Term:** Fall Spring Summer \_\_\_\_\_ (year)

⇒ I understand I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated For ALL costs related to the registered course(s). Upon a drop or withdrawal, I agree that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

⇒ I understand that if I do not successfully complete my grant-funded course, I will be required to refund the award amount issued to the college.

⇒ I understand that continued employment within a licensed NH Early Childhood setting is expected for at least 3 months following the completion of this course if an award is made.

⇒ I understand that if I receive other financial assistance covering the tuition costs for this class that this award amount may be modified.

⇒ If any information is falsified any money rewarded will be rescinded and the individual will be responsible for repayment.

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only:** Amount of award: \_\_\_\_\_ Full Tuition \_\_\_\_\_ Half Tuition \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ CRN: \_\_\_\_\_

## APPLICATION PROCESS

**Step I:** In order to be eligible for an ECE Tuition Assistance award, **you must:**

1. Be **employed** either full or part time in a licensed NH childcare center or family childcare program with children 6 weeks to 5 years of age. **Childcare teachers must work a minimum of 20 hours per week to be eligible for assistance. Directors seeking assistance must be working a minimum of 30 hours per week to be eligible.**
2. Be **taking an ECE course taught by faculty possessing a NH Early Childhood Master Professional Credential**, with Faculty Endorsement. (non-ECE courses are not eligible for awards, even if they are required to complete your degree.)
3. **Apply each semester** for consideration for this assistance. Applicants may receive one award for one course per semester.

**Step II:** Apply for an award by filling out the application **completely**. Incomplete information will result in delays with processing of your application.

Please be sure you have checked the boxes and empty blanks indicating the following information.

- **Provide a complete mailing address.**
- **Providing your email address:** needed for quick communication, award notification, and distribution of our survey.
- **Provide name of NH licensed ECE program where you work. Include the license number and number of hours worked per week.**
- **Director signature required to verify your employment, license number and number of hours worked weekly.**
- Is this your first Early Childhood Education course at any college?
- Have you received previous ECE Tuition Assistance awards?
- **Indicate your current ECE Credential level** through the *NH Early Childhood Professional Development System*. Please review the application process at: <http://www.dhhs.nh.gov/dcyf/cdb/profdev.htm>
- **Provide required course information** showing the course you plan to take and the college where you will register.
- **Sign your application to show acceptance of terms for receiving ECE Tuition Assistance.**

**Step III:** Submit your completed application. Either mail your completed application to the address listed on the front (at the top of the page), or fax it to our office at 603-271-2725. (To protect our students, email scans and attachments cannot be accepted or processed.)

**Awards are provided as follows** to eligible candidates:

- 100% tuition available for students taking their **first introductory level ECE course** such as **Early Childhood Growth and Development**. Additional full tuition awards are allowed for specific courses including: **Positive Behavior and Guidance, Infant & Toddler courses, and Early Childhood Special Needs.**
- Other ECE courses are eligible for 50% tuition assistance awards.
- Students are responsible for all other expenses, including required books and college fees.
- Check with your college's Financial Aid office to see what other funds may be available to help offset your educational costs. Please note that if you receive other financial assistance covering the tuition costs for this class, your award amount may be modified.

**Step IV:** Applications are processed, in the order received, **beginning** up to 6 weeks prior to the start of the semester and **ending** either at the end of the drop/add period for the semester or when budgeted funds are spent.

**Step V:** Following processing, award letters are emailed to eligible individuals as long as budgeted funds are available.

**Award letters indicate award amount to be applied for a specific course.** After receiving your letter, it is **important** to register (or verify your registration status) and confirm your payment arrangements with the Bursar's office at your college. Awards are not automatically transferrable to other courses or alternative sections of the same course. Students must formally request any changes to their award.

- **Acceptance of funds through this program obligates the recipient to satisfactorily complete the indicated course. If credits are not earned, the recipient will be required to repay the awarded amount to the college.**
- **The recipient is expected to maintain employment within the field of early care and education in New Hampshire for 3 months following course completion.**
- **If any information connected to this application is falsified, any money awarded will be rescinded and the individual will be responsible for repayment.**