

**APPLICATION FOR EARLY CHILDHOOD EDUCATION TUITION ASSISTANCE
2001-2002**

Name _____ Soc. Sec. # _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ E-mail _____

1. Are you currently employed as a child care provider? Yes _____ No _____
_____center-based _____family-based Is your program licensed? Yes _____ No _____

2. Name of employer (note if self-employed) _____

Work Address _____ Work Phone _____

3. Is this your **first** college-level course? Yes _____ No _____
If no, please list names/places/dates of previous college-level courses on back of application.

4. Have you earned a college degree or certificate in another field of study? Yes _____ No _____

5. Have you applied for financial aid for college? Yes _____ No _____
Have you received a ___Pell Grant (___partial or ___full) ___Perkins Loan ___Federal SEOG

6. Have you attended Child Care Basics workshops? _____

7. How did you find out about the ECE Tuition Assistance Program? _____

8. Have you previously received an award through this program? Yes _____ No _____

9. Have you applied for a New Hampshire ECE credential? Yes _____ No _____

10. Please specify the ECE course towards which you would like to apply a scholarship award:

Name of Course	Semester	Campus
_____	_____	_____

11. Signature _____ Date _____

Please send completed form to: **NHCTC System, Attention: Grants Office**
5 Institute Dr., Concord, NH 03301-7400

Amount of award: _____ Full Tuition _____ Half Tuition

Authorized signature: _____ Date _____

Name _____ Title _____

Approved by: _____ Date _____

Grants Officer

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Division for Children, Youth & Families, Child Development Bureau*