

**Community College System of New Hampshire  
Human Services/Community Social Services  
Certificate Program**

**Application for Scholarship**

Dear Applicant:

Thank you for your interest in the Human Services/Community Social Services Program at the Community College System of New Hampshire. We ask that you complete this form in addition to the standard Application for Admissions Form. Please read the following questions carefully and answer as completely as possible. If you have any questions, please contact the Program Coordinator at the college that you are attending. Please return all completed application materials to the College Admissions Office.

**I. APPLICANT INFORMATION**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Human Service agency you are currently affiliated with (if any): \_\_\_\_\_

Length of time with the agency: \_\_\_\_\_

Other human services experience (summarize briefly):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. APPLICANT GOALS**

The following four questions will help us get to know you as an individual. Please answer carefully and feel free to use additional paper if necessary for your answers:

1. Why have you chosen to pursue human services for a career?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What qualities or specific skills do you believe you bring to the human services field?

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3. What are your professional goals? What would you like to be doing in human services five years from now?

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4. What are your academic goals? How would you use your academic experiences to achieve your professional goals?

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**II. 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 human services agencies. 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 implication of that decision.

Your signature below authorizes the Community College System of New Hampshire, the Division of Behavioral Health and Developmental Services and your specific agency to receive and release information about your enrollment in your academic program. Additional authorization may be requested to release information about your progress through the program.

Please sign here to indicate that you have read and understand the above statements:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**IV. NOMINATIONS AND AUTHORIZATION TO REGISTER**

As part of the process that will provide you with scholarship support from the Division of Behavioral Health and Developmental Services, you must submit this form each semester in which you enroll. This form indicates that you have the support of your employer (if applicable) and the Community Behavioral Health Center or Area Agency in your region. You will not be able to register for courses without this form.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer 20\_\_\_\_

Courses desired this semester:  
\_\_\_\_\_  
\_\_\_\_\_

The signatures below indicate nomination of the student for scholarship support from DB/DS:

- 1. Provider Agency (must be signed if you are employed by an agency providing Behavioral Health and Developmental Services).

Name of Agency \_\_\_\_\_

Signature of Individual Nominating Student \_\_\_\_\_

- 2. Area Agency/Community Behavioral Health Center (must be signed for all applicants).

Name of Agency/Center \_\_\_\_\_

Signature of Individual Nominating Student \_\_\_\_\_

**For College Use Only:**

- 1. The above student is authorized to register for: \_\_\_\_\_

College Coordinator Signature: \_\_\_\_\_

- 2. At the end of the add/drop period, the above student was enrolled in:

\_\_\_\_\_

- 3. Bill to: \_\_\_\_\_ Behavioral Health \_\_\_\_\_ Developmental Services

cc: DBH/DS  
Area Agency/Community Behavioral Health Center  
Coordinators  
Registrar  
CCSNH Business Office  
CCSNH Grants Office