



## Transition Program

Carl Perkins Transition Program books and tuition assistance for eligible students. This scholarship is funded by the U.S. Department of Education as part of the Carl D. Perkins Career and Technical Education Act of 2006 as awarded by the NH Department of Education. **Please read the guidelines before turning in application.**

### **Eligibility Guidelines:**

#### **Students who:**

- are single parents
- are displaced homemakers
- have limited English proficiency
- have documented disabilities

#### **and who:**

- are enrolled at least half time (6 credits or more) in one of the following career and technical programs of study:

Criminal Justice	Engineering	Nursing
Dental Programs	Gaming	Paramedic
Early Childhood Education	Hospitality and Tourism	Radiation Therapy
Education	Information Technology	Radiology

are eligible to apply for Transition Program assistance.

#### **\*Definitions of categories as defined by legislation:**

1. **Single Parents**, including single pregnant women
2. **Displaced Homemaker** - The term "displaced homemaker" means an individual who:
  1. has worked primarily without compensation to care for a home and family, and for that reason has reduced marketable skills;
  2. has been dependent on the income of another family member but is no longer supported by that income; or
  3. is a parent whose youngest dependent child will become ineligible to receive assistance under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) not later than 2 years after the date on which the parent applies for assistance under such title; or
  - 4.
  5. is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
3. **Individual with a Disability**
  1. In general, the term "individual with a disability" means an individual with any disability as defined by section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102)
4. **Individual with Limited English Proficiency** - The term "individual with limited English proficiency" means a post-secondary school student, an adult, or an out-of-school youth, who has limited ability in speaking, reading, writing, or understanding the English language, and:
  1. whose native language is a language other than English

2. is living in a family or community environment in which a language other than English is the dominant language.

### **Application Process:**

1. All students are required to complete the [Free Application for Federal Student Aid \(FAFSA\)](#) for determination of aid eligibility.
2. Complete and submit this application to the Transition Program Director, Student Center 106, Spring (application deadline the last business day of November); Summer (application deadline the last business day of March); Fall (application deadline the last business day of July).
3. **Do not** purchase your books before receiving your aid determination award letter. You **WILL NOT BE REIMBURSED** if you purchase books before you are approved and sign your contract.
4. Students must apply each semester for the Carl Perkins Federal Grant (Transition) Awards. Please note that this program is contingent upon the availability of Federal funding. Funding is not guaranteed and eligibility guidelines may change at any time (even after applications are in and accepted).

### **Applications:**

The Office of Student Affairs administers this program. Applications are available from the Student Affairs Office, the Financial Aid Office, the English for Speakers of Other Languages (ESOL) Tutor, and the Disabilities Coordinator or you may access application online at <https://www.nhti.edu/admissions/financial-aid/scholarships-grants#t>

Completed applications may be sent by fax or mail to:

**Luis Rosa**

**Transition Program Director**

NHTI, Concord's Community College

31 College Drive

Concord, NH 03301-7412

Phone: (603) 271-6484 x4158

Fax: (603) 230-9308

Email: [lrosa@ccsnh.edu](mailto:lrosa@ccsnh.edu)

**NOTE:** Applications are accepted on a semester by semester basis, year round. Award decisions are made prior to the start of a semester. You must submit an application for each semester for which you wish to receive assistance.



## Transition Program Application

Please print

### Semester for which you are applying:

- ☐ Spring (application deadline the last business day of November)  
☐ Summer (application deadline the last business day of March)  
☐ Fall (application deadline the last business day of July)

**NOTE:** Applications are accepted on a semester by semester basis, year round. Award decisions are made prior to the start of a semester. You must submit an application for each semester for which you wish to receive assistance.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_ Major: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State ZIP

Cell or Primary Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ NHTI Student Email: \_\_\_\_\_

**Applicant is:** (check all that apply; refer to definitions\* above)

- ☐ Single Parent

Age of Dependent Children:

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

- ☐ Displaced Homemaker

- ☐ English Speaker of Other Language

Primary Spoken Language is: \_\_\_\_\_

- ☐ Student with a documented disability (Attached "Release of Information" form must be included with application)

### For Office Use Only

Eligibility Code

### Semester Registration Information:

Course # (Example: IT 140C – 1)	Number of Credits	Book Costs (check with NHTI Bookstore)
<b>TOTALS</b>		

### For Office Use Only

Unmet Need: \_\_\_\_\_

Tuition Award: \_\_\_\_\_

Check-in Appt. Made: \_\_\_\_\_

Requirements Fulfilled: \_\_\_\_\_

I attest that the information on this application is true and correct. I will report any changes in my enrollment, marital status, or financial aid status to the Transition Program Director. I understand that failure to report changes may result in a loss of assistance under this program.

Signature

Date



## Transition Program Release of Information

**Note: Please complete this form below only if you have chosen to disclose a documented disability.**

The undersigned gives permission for the Transition Program Director to verify documentation of his/her disability with the NHTI Coordinator of Disabilities Services.

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**Signature**

**Date**

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**Print Name**

**Date of Birth**

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Revised 5/15/18