

Scholarship Application Page 1

- Scholarships are available to eligible applicants on a first come, first served basis as long as funding is available.
- Please fill in ALL questions. Incomplete application packets cannot be processed.
- Please keep a copy of all items sent for your records.
- If you are accepted, you will receive a contract (Form A) in the mail. You do not have a scholarship until Form A is signed, returned and received by T.E.A.C.H. MISSOURI staff.



Date: _____

Personal Information

Name: _____	
Address: _____	
City: _____	State: _____ Zip +4: _____
County: _____	
SSN: _____	Date of Birth (mm/dd/yyyy): _____
Email: _____	
Phone: _____	<input type="checkbox"/> Cell <input type="checkbox"/> Home Work Phone: _____
MOPD ID: _____ If you do not have a MOPD ID, please visit www.openinitiative.org , Missouri's Professional Development Initiative for Early Childhood and Afterschool Professionals.	

Employment Information

Employer: _____	
Center License #: _____	
How many children are in your classroom or child care home? _____	
How many hours per week do you work? _____	
How many months per year do you work? _____	
What is your current hourly wage? _____	
Beginning date of employment at program: _____	
<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Owner/Director <input type="checkbox"/> Other	
What is your current job title? <input type="checkbox"/> Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Owner/Teacher Specify: _____	
What age groups do you teach? <input type="checkbox"/> Infants (0-12 Months) <input type="checkbox"/> Preschool (37 Months-PreK)	
(Check all that apply.) <input type="checkbox"/> Toddlers (13-36 Months) <input type="checkbox"/> School Age (6+ Years)	
How long have you worked in the field of early childhood? <input type="checkbox"/> Less than 2 Years <input type="checkbox"/> 6-10 Years	
<input type="checkbox"/> 2-5 Years <input type="checkbox"/> 10+ Years	

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Education Information

Please check the box that best describes your educational history.

- ☐ No high school diploma
- ☐ High school diploma/GED
- ☐ 1-year certificate
- ☐ Some college credits
- ☐ Associate Degree

Major: _____

- ☐ Bachelor Degree

Major: _____

- ☐ Master Degree

Major: _____

- ☐ Doctorate

Major: _____

Which college in Missouri do you want to attend? _____

When would you like to begin your T.E.A.C.H. _____

MISSOURI Scholarship? ☐ Spring (January start)

☐ Summer (June start)

Year: _____

☐ Fall (August start)

Please check one that best describes your educational goals.

- ☐ Earn an Early Childhood Credential
- ☐ Take a few early childhood courses to obtain or upgrade job-related skills
- ☐ Earn an Early Childhood Certificate
- ☐ Earn an Early Childhood Associate Degree
- ☐ Earn an Early Childhood Associate Degree and transfer to a four-year college to earn a Bachelor's Degree
- ☐ Earn an Early Childhood Bachelor's Degree

How will a T.E.A.C.H. MISSOURI Scholarship help you achieve this goal?

Which of the following credentials
and specializations do you
currently hold?

☐ CDA: Infant/Toddler

☐ CDA: Preschool

☐ CDA: Family Child Care Home

☐ CDA: Home Visitor

☐ Specialization: Bi-Lingual

Language: _____

☐ Missouri Issued Credential

☐ State Teaching License

Have you taken any college
courses in the past two years? ☐ Yes ☐ No

Have you completed any ECE
credits in the past two years? ☐ Yes (How many? _____) ☐ No

Do you have parents or siblings that graduated from college? ☐ Yes ☐ No

Which language do you feel most comfortable using when learning in a classroom?

- ☐ Albanian
- ☐ American Sign Lang.
- ☐ Bengali
- ☐ Cantonese
- ☐ English
- ☐ French

- ☐ Italian
- ☐ German
- ☐ Mandarin
- ☐ Russian
- ☐ Spanish
- ☐ Vietnamese

☐ Decline to Answer

☐ Don't Know

☐ Other: _____

1000 Executive Parkway Dr., Ste. 103 | St. Louis, MO 63141

Toll Free: 800-200-9017 x607 or x609 | Local: 314-535-2020 x607 or x609 | Fax 866-697-8168

www.teach-missouri.org

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Demographic Information

Note: responses to demographic questions are optional and used for reporting purposes only.

How many people live in your household? _____

Are you of Hispanic, Latino or Spanish origin?

- ☐ No ☐ Yes, Cuban
☐ Yes, Mexican, Mexican American, Chicano ☐ Yes, another Hispanic, Latino or Spanish origin
☐ Yes, Puerto Rican Specify: _____

Number	Relationship
_____	Parents
_____	Siblings
_____	Spouse/Significant Other
_____	Children
_____	Other

Do you consider yourself...? (Select all that apply.)

- ☐ White ☐ Asian ☐ Other race
☐ Black, African American ☐ Native Hawaiian or Other Pacific Islander Specify: _____
☐ American Indian or Alaska Native

Gender: ☐ Female ☐ Male

How did you hear about T.E.A.C.H. MISSOURI?

- ☐ Presentation ☐ Center Director ☐ Other
☐ Mailing ☐ T.E.A.C.H. Recipient Specify: _____
☐ CC R&R Agency ☐ Workshop
☐ College ☐ Website

Statement and Signature of Applicant

I attest that I am requesting financial support for my college courses and all information provided is true and accurate. I understand that eligibility does not guarantee that I will receive a scholarship award. Furthermore, I understand that if I receive a scholarship and do not complete the contract in full, I will be responsible for repayment of all expenses incurred by T.E.A.C.H. MISSOURI.

Signature of Applicant

Date

Return your completed application packet:

By Fax:
866-697-8168

or

By Mail:
T.E.A.C.H. MISSOURI
1000 Executive Parkway Dr., Ste 103
St. Louis, MO 63141

Statement of Income for Teachers and Directors

- List your sources of income.
- For each source of income, you MUST provide verification of that income.
- A statement from your employer indicating your hours and rate of pay or a recent pay stub may be used for verification.
- Include a copy of all award letters for all other scholarships and grants you receive.



1. Child Care Employer: _____	2. Hourly Wage: _____
	3. Hours/Week: _____
4. Total Weekly Income from Child Care Employer (#2 multiplied by #3): _____	
5. Non-Child Care Employer: _____	6. Hourly Wage: _____
	7. Hours/Week: _____
8. Total Weekly Income from Other Employment (#6 multiplied by #7): _____	
9. TOTAL (#4 plus #8): _____	
10. Have you applied for other financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Receiving other financial aid does not disqualify you from the T.E.A.C.H. MISSOURI Scholarship.	
11. Source of Financial Aid: _____	
Date Applied: _____	Application Status: <input type="checkbox"/> Awarded <input type="checkbox"/> Denied <input type="checkbox"/> Pending
12. Source of Financial Aid: _____	
Date Applied: _____	Application Status: <input type="checkbox"/> Awarded <input type="checkbox"/> Denied <input type="checkbox"/> Pending
13. Does your center/program reimburse for tuition? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? _____	
14. Does your center/program reimburse for books? <input type="checkbox"/> Yes <input type="checkbox"/> No How much? _____	

Statement and Signature of Applicant

I attest to the fact that the information that I have provided is true and accurate. I have included verification of my wages with a pay stub or employer letter.

Signature of Applicant	Date
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