

# 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 <a href="http://www.openinitiative.org">www.openinitiative.org</a> , 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	

# Scholarship Application Page 2

## 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](http://www.teach-missouri.org)

Updated November 2014

# Scholarship Application Page 3

## 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

# Monthly Income Worksheet for Family Child Care Home or Child Care Center Owners

- This sheet is to help determine your monthly earnings from your child care business. For each question, use the amount you made or spent in one month or estimate an average based on the last six months.
- In addition to this completed worksheet, you must send a copy of your most recent Profit/Loss statement (Schedule C) from your tax filing.



<p>1. Amount paid to you by parents each week: _____</p> <p>2. Total Monthly Parent Fees (line 1 multiplied by 4.33): _____</p> <p>3. Child and Adult Care Food Program reimbursement for the same month: _____</p> <p>4. Department of Social Services subsidy for children in your care for the same month: _____</p>	<p>5. Total Monthly Revenue (add lines 2-4): _____</p>
<p>How much did you spend on the children in your child care business for the same month?</p>	
<p>6. Food: _____</p> <p>7. Toys: _____</p> <p>8. Assistant/Substitute Care or Staffing: _____</p> <p>9. Crafts/Supplies/Materials: _____</p> <p>10. Transportation: _____</p> <p>11. Training and Professional Development: _____</p> <p>12. Gifts for Children/Families: _____</p> <p>13. Other Expenses (specify) _____:</p>	
<p>14. Total Monthly Expenses (add lines 6-13): _____</p>	
<p>15. TOTAL MONTHLY EARNINGS (subtract line 14 from line 5): _____</p>	
<p>16. Have you applied for other financial aid? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><small>Receiving other financial aid does not disqualify you from the T.E.A.C.H. MISSOURI Scholarship.</small></p>	
<p>17. Source of Financial Aid: _____</p> <p>Date Applied: _____ Application Status: <input type="checkbox"/> Awarded <input type="checkbox"/> Denied <input type="checkbox"/> Pending</p>	
<p>18. Source of Financial Aid: _____</p> <p>Date Applied: _____ Application Status: <input type="checkbox"/> Awarded <input type="checkbox"/> Denied <input type="checkbox"/> Pending</p>	

## Statement and Signature of Applicant

I attest to the fact that the information that I have provided is true and accurate. I have included my Profit/Loss statement (Schedule C).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Center Participation Agreement

## Scholarship Level 1 for Family Child Care or Center Owner

The Level 1 program offered through Child Care Aware of Missouri® requires the participation of each scholarship recipient.



### *Owner/Applicant agrees to:*

1. Complete 9-15 credit hours in early childhood education during a 12 month period, one educational year.
2. Pay 15% of the cost of tuition and books for courses totaling 9-15 credit hours per educational year.
3. Continue operation of the child care center or family child care home for at least an additional six months after completion of the educational year.

### *T.E.A.C.H. MISSOURI agrees to:*

Award a \$300 bonus in two equal installments to the scholarship recipient upon completion of the educational year.

### *Missouri Preschool Project Information*

Will the recipient percentage of tuition and books be paid by a Missouri Preschool Project Grantee?

☐ Yes    ☐ No    If yes, provide the name of the grantee: \_\_\_\_\_

_____ Print Center or Family Care Center Name and License Number		
_____ Print Owner/Applicant Name	_____ Signature of Owner/Applicant	_____ Date



## CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM



To be completed by director or owner only. Please keep a completed copy for your records and mail to T.E.A.C.H. MISSOURI,  
1000 Executive Parkway Dr., Ste 103, St. Louis, MO 63141 OR fax to: 866-697-8168

Business Name (on license) \_\_\_\_\_ Date \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Mailing Address ☐ Same as location address  
Location Address \_\_\_\_\_  
City \_\_\_\_\_ ZIP+4 \_\_\_\_\_ County \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ ☐ Please call before faxing Billing Address (T.E.A.C.H. Sponsors only)  
Website <http://www.> \_\_\_\_\_  
Primary E-mail \_\_\_\_\_

### REGULATION STATUS (Check only one.)

- ☐ Licensed **Check One:** ☐ Center ☐ Group Home ☐ Family Child Care ☐ School Age Program ☐ Preschool  
☐ License exempt/Inspected (Inspected and in compliance.) **Check one:** ☐ Religious Organization ☐ Nursery School

DVN \_\_\_\_\_ Expiration date \_\_\_\_\_

### UNLICENSED LISTING INFO

- ☐ Exempt (Legally operating and not subject to regulation.)

Family Care Safety Registry # \_\_\_\_\_ Date \_\_\_\_\_

### STATE FUNDING SOURCES/SERVICES RECEIVED (Check only if currently receiving funds from state government agencies related to these projects/grants.)

- ☐ ARCHS ☐ LINC ☐ Head Start ☐ Early Head Start ☐ MO Accreditation ☐ MO Preschool Project

### ACCREDITATION STATUS

- ☐ Working on accreditation

☐ Accredited Accrediting Body - ☐ NAEYC ☐ MOA ☐ NAFCC ☐ COA ☐ CARF ☐ Other: \_\_\_\_\_)

### OPERATING SCHEDULE

	Time Open	Time Close
Monday	_____ a.m.	_____ p.m.
Tuesday	_____ a.m.	_____ p.m.
Wednesday	_____ a.m.	_____ p.m.
Thursday	_____ a.m.	_____ p.m.
Friday	_____ a.m.	_____ p.m.
Saturday	_____ a.m.	_____ p.m.
Sunday	_____ a.m.	_____ p.m.

Are you flexible on these times? ☐ Yes ☐ No

### Year Schedule

- ☐ Full year ☐ Summer only ☐ School year only

### Basic Schedules

- ☐ Full time (30+ hrs/wk) ☐ Part time (under 30 hrs/wk)  
☐ Part time for under 2 avail ☐ Sat avail ☐ Sun avail

### Special Schedules

- ☐ Evening hours (After 6:30 p.m.)  
☐ Overnight/24-hour care ☐ Open holidays  
☐ Temp/Emergency ☐ Drop-in ☐ Hourly  
☐ Half day a.m. program ☐ Half day p.m. program  
☐ Before school care ☐ After school care  
☐ Summer programs ☐ Parent day out programs

Are you willing to stay open in emergencies (if able) to care for children of first responders (fire fighters, etc.)? ☐ Yes ☐ No

Would you like more information about how to serve military families with children during a deployment? ☐ Yes ☐ No

# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## FEES & VACANCIES

Ages served (Ages you will care for, not the ages you currently have in care or have vacancies for): FROM \_\_\_\_\_

☐ wks ☐ wks  
☐ mos ☐ mos  
☐ yrs TO \_\_\_\_\_ ☐ yrs

	Desired Enrollment	Number of Vacancies	Full Time Fee Per Week	Part Time Fee Per Day		Licensed Capacity that is indicated on your license
0 - 12 Months	_____	_____	\$ _____	\$ _____	Under 2 years	_____
13 - 24 Months	_____	_____	\$ _____	\$ _____	2 years & Over	_____
25 - 36 Months	_____	_____	\$ _____	\$ _____		Average Enrollment during the past year
37 Mos - 5 Yrs	_____	_____	\$ _____	\$ _____		
5 - 12 Years	_____	_____	\$ _____	\$ _____	Under 2 years	_____
Before/After School	_____	_____	\$ _____	\$ _____	2 years & over	_____
Summer	_____	_____	\$ _____	\$ _____		

Do you have a waiting list for any group? ☐ Yes ☐ No

## OTHER FEES

☐ Registration: \$ \_\_\_\_\_ ☐ Transportation : \$ \_\_\_\_\_ ☐ Supplies: \$ \_\_\_\_\_ ☐ Other: \$ \_\_\_\_\_ Describe \_\_\_\_\_

## FINANCIAL ASSISTANCE AVAILABLE TO FAMILIES

- ☐ MO subsidy accepted - # of MO subsidy children currently served: \_\_\_\_\_ ☐ Willing to discuss fees/adjust fees for some families
- ☐ Military subsidy - # military children currently served \_\_\_\_\_ ☐ Other states' subsidy accepted (KS-SRS, IL, etc) ☐ Head Start
- ☐ Multi-child discount ☐ Scholarships offered ☐ Sliding fee scale

## AFFILIATIONS

- ☐ Non-profit ☐ For profit ☐ National chain ☐ Religious ☐ Employer/Corporate sponsored ☐ Corporate on-site
- ☐ United Way ☐ Public school ☐ College/University ☐ For employees only

Religious Affiliation: \_\_\_\_\_

If You are Affiliated with Head Start: ☐ Early Head Start ☐ Head Start ☐ Both

☐ Head Start Program Grantee # \_\_\_\_\_ ☐ Head Start Partner Only

## CURRICULUM USED

- ☐ Creative Curriculum ☐ Project Construct ☐ Emerging Language & Literacy Curriculum (ELLC) ☐ Montessori ☐ Reggio
- ☐ HighScope ☐ Abeka ☐ Religious (Please specify type and religion: \_\_\_\_\_) ☐ Other: \_\_\_\_\_

## MEALS PROVIDED

☐ Special diet options available (kosher, vegetarian, etc) ☐ Accommodates nursing mothers

- ☐ Breakfast ☐ A.M. snack ☐ Lunch ☐ P.M. snack ☐ Dinner ☐ Family provides meals ☐ Family provides snacks

Participate in the Child and Adult Care Food Program (CACFP)? ☐ Yes ☐ No For more information visit [www.fns.usda.gov/cnd/Care](http://www.fns.usda.gov/cnd/Care)

# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## ENVIRONMENT

- ☐ Smoke free   ☐ Air conditioned   ☐ Pets interact with children   ☐ Pets away from children   ☐ No pets
- ☐ Outdoor play area   ☐ Fenced yard

## SPECIAL SERVICES/FEATURES

- ☐ Computers available for children   ☐ Care for mildly sick   ☐ Toilet learning   ☐ Security System   ☐ Videocam Monitoring
- ☐ Field trips   ☐ Music instruction   ☐ Gymnastics   ☐ Language class   ☐ Intergenerational   ☐ Wheelchair accessible
- ☐ Other? \_\_\_\_\_

## TRANSPORTATION

- ☐ To/from home   ☐ To/from school   ☐ Walking distance to school   ☐ By school's bus to/from school   ☐ Near public transportation

What school district(s) does your program serve? \_\_\_\_\_

What schools are near your program? \_\_\_\_\_

## EXPERIENCE WITH SPECIAL NEEDS & INCLUSIVE SERVICES

*Please check all that your child care and early learning program has experience with. Refer to the definitions page included in this mailing.*

- Behavior Related:   ☐ Behavior Disorder   ☐ ADD/ADHD   ☐ Autism Spectrum Disorders
- Developmental Disabilities:   ☐ Developmental Delay   ☐ Motor Delay   ☐ Emotional Disorder   ☐ Drug Exposure/Fetal Alcohol Syndrome
- ☐ Mental Disabilities   ☐ Speech/Language Delay
- Medical/Genetic Disabilities:   ☐ Cerebral Palsy   ☐ Down Syndrome   ☐ Genetic Disorder   ☐ Vision Impaired/Blind
- ☐ Hearing Impaired/Deaf   ☐ Spina Bifida   ☐ Hydrocephalus & Shunt Knowledge
- Medical Issues:   ☐ Food Allergies   ☐ Asthma   ☐ HIV   ☐ Hepatitis B   ☐ Other/Environmental Allergies
- ☐ Catheter   ☐ Diabetes   ☐ Injections   ☐ Feeding/Gastrointestinal Tube
- ☐ Heart Monitors   ☐ Seizure Disorder   ☐ Breathing Monitors   ☐ Breathing Treatments/Medications
- ☐ Tracheostomy/Traechotomy
- Special Education Services:   ☐ Cognitive Therapy   ☐ First Steps   ☐ Developmental Therapy   ☐ Early Childhood Special Education
- ☐ Occupational Therapy   ☐ Physical Therapy   ☐ Special Transportation   ☐ Speech/Language Therapy
- Staff is familiar & comfortable with:   ☐ Special Diet/Food Allergies   ☐ Wheelchair/Crutches   ☐ Sign Language
- ☐ Adaptive Equipment (special seating, communication devices, walkers, etc.)
- Safety/Medical Services offered:   ☐ Medication administered   ☐ Therapists welcome   ☐ Liability Insurance   ☐ On-site Nurse
- Other special needs experience/professional development/education: \_\_\_\_\_

I understand the Americans with Disabilities Act (ADA):   ☐ Yes   ☐ No   ☐ Unsure   *For more information visit [www.ada.gov](http://www.ada.gov)*



# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## STAFF &/OR FAMILY CHILD CARE INFORMATION

**Family Child Care Business:** Do you have additional paid staff/assistants? \_\_\_\_ No \_\_\_\_ Yes If yes, how many? \_\_\_\_

**Center or Group Home:** Number of staff members \_\_\_\_ Number of classrooms \_\_\_\_

Number of staff members who care for children full time \_\_\_\_ How many were also employed at your program 1 year ago? \_\_\_\_

Do any staff members speak any language(s) other than English (including Sign Language)? ☐ Yes ☐ No

If so, what language(s): \_\_\_\_\_

Is CPR/First Aid Certification required of any of these staff members? ☐ Yes ☐ No

## STAFF EDUCATION

Number whose highest level of education is High school diploma/GED or new to the field \_\_\_\_

Number whose highest level of education is Child Development Associate (CDA) Credential or some college coursework \_\_\_\_

Number whose highest level of education is Associate Degree \_\_\_\_

Number whose highest level of education is Bachelor Degree \_\_\_\_

Number whose highest level of education is Masters/PhD Degree \_\_\_\_

Other staff qualifications of note? \_\_\_\_\_

*(The following information will not be shared at the individual or program level and will be used anonymously for purposes such as advocacy.)*

Approx. wage range	Directors:	Hourly Starting Wage \$_____/hr	Salary range \$_____/yr to \$_____/yr
	Lead Teachers:	Hourly Starting Wage \$_____/hr	Salary range \$_____/yr to \$_____/yr
	Asst Teachers:	Hourly Starting Wage \$_____/hr	Salary range \$_____/yr to \$_____/yr

*Child Care Aware<sup>®</sup> of Missouri reserves the right, in its sole and absolute discretion, to make an independent decision regarding the listing, or exclusion, of any provider. Program information may be shared with funders. Complaints about a program's services will be referred to the Department of Social Services and the Department of Health and Senior Services as deemed necessary.*

*I have read the above statement and understand Child Care Aware<sup>®</sup> of Missouri's listing policies.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please check if you wish to opt out of any of the described services:*

\_\_\_\_ *I do not wish to have my child care service referred to parents.*

\_\_\_\_ *I do not wish to have my child care service listed on the Child Care Aware<sup>®</sup> of Missouri online database. I understand I can still be referred through telephone referrals and can have my information added to the online listing at any time if I choose.*