

# 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 style="margin-left: 40px;">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 style="margin-left: 40px;">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 OR scan and email to: info@teach-missouri.org

Licensed Business Name \_\_\_\_\_ Date \_\_\_\_\_  
DBA (If different from licensed business name) \_\_\_\_\_  
Location Address \_\_\_\_\_  
City \_\_\_\_\_ State MO ZIP+4 \_\_\_\_\_ County \_\_\_\_\_  
Mailing Address ☐ Same as location address \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Website \_\_\_\_\_  
Primary E-mail \_\_\_\_\_  
Email we can share with families needing child care \_\_\_\_\_

### REGULATION STATUS (Check only one.)

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Licensed                 | <input type="checkbox"/> Exempt |
| <input type="checkbox"/> License exempt/Inspected | DVN _____                       |

### OPERATING SCHEDULE

(We obtain your licensed hours from the Section for Child Care Regulation.)

**If your operating hours are different from your licensed hours, (or if you are not licensed) please fill in these blanks.**

Daily hours \_\_\_\_\_ to \_\_\_\_\_  
Days of operation: ☐ Monday through Friday ☐ Saturday ☐ Sunday  
Are you flexible on this schedule? ☐ Yes ☐ No

**Schedule Options** ☐ Full time (30+ hrs/wk) ☐ Part time (<30 hrs/wk) ☐ Part time for under 2 available  
☐ Extended hours (before 6 AM or after 6:30 PM) ☐ Drop-in/hourly ☐ Before school care ☐ After school care  
☐ Overnight/24-hour care ☐ Saturday available ☐ Sunday available ☐ Open holidays ☐ Temporary/Emergency  
☐ Half day a.m. program ☐ Half day p.m. program ☐ Summer programs ☐ Parent day out programs

**Year Schedule** ☐ Full year ☐ School year only ☐ Summer only

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

# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## FEES & VACANCIES

Ages you will care for (not the ages you currently have in care or have vacancies for)

FROM \_\_\_\_\_ wks / mos / yrs TO \_\_\_\_\_ yrs

	Desired Enrollment	Number of Vacancies	Full Time Fee Per Week	Part Time Fee Per Day
0—12 Months			\$	\$
13—24 Months			\$	\$
25—36 Months			\$	\$
37 Mos—5 yrs			\$	\$
5—12 yrs			\$	\$
Before/After School			\$	\$

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

Average enrollment during the past year: \_\_\_\_\_

## OTHER FEES

Registration: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Please explain: \_\_\_\_\_

## FINANCIAL ASSISTANCE AVAILABLE TO FAMILIES

- ☐ MO subsidy accepted ☐ Multi-child discount ☐ Sliding fee scale ☐ Scholarships offered  
☐ KS subsidy accepted ☐ IL subsidy accepted ☐ Willing to discuss fees/adjust fees for some families

## ORGANIZATION TYPE

- ☐ National chain ☐ Public school ☐ Private school ☐ College/University  
☐ Employer/Corporate sponsored ☐ Corporate on-site ☐ United Way ☐ Other Community Based Organization  
☐ Religious Religious Affiliation: \_\_\_\_\_

## CURRICULUM USED

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

## ENVIRONMENT

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

# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## MEALS PROVIDED

- ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Snack(s) ☐ Family provides meals  
☐ Special diet options available (kosher, vegetarian, etc) ☐ Accommodates nursing mothers

Participate in the Child and Adult Care Food Program (CACFP)? ☐ Yes ☐ No

For more information on CCAFP visit [www.fns.usda.gov/cnd/Care](http://www.fns.usda.gov/cnd/Care)

## SPECIAL SERVICES & ACTIVITIES

- ☐ Computers available for children ☐ Care for mildly sick ☐ Toilet learning ☐ Security System ☐ Field trips  
☐ Music instruction ☐ Gymnastics ☐ Language class  
☐ Other \_\_\_\_\_

## TRANSPORTATION

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

## 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: ☐ Autism Spectrum Disorders ☐ ADD/ADHD ☐ Behavior Disorder ☐ Emotional Disorder

Developmental Delays: ☐ Speech/Language ☐ Motor Delay ☐ Social Emotional ☐ Cognitive  
☐ Drug Exposure/Fetal Alcohol Syndrome

Medical/Genetic: ☐ Cerebral Palsy ☐ Down Syndrome ☐ Hearing Impaired/Deaf ☐ Vision Impaired/Blind  
☐ Spina Bifida ☐ Genetic Disorder ☐ Hydrocephalus & Shunt Knowledge ☐ Food Allergies  
☐ Asthma ☐ Catheter ☐ Diabetes ☐ Feeding/Gastrointestinal Tube ☐ Injections  
☐ Monitors ☐ Seizures/Epilepsy ☐ Tracheostomy/Traechotomy ☐ HIV ☐ Hepatitis B  
☐ Environmental Allergies ☐ Breathing Treatments/Medications

General Support: ☐ Wheelchair Accessible ☐ Medication administered ☐ On-site Nurse ☐ Therapists welcome  
☐ Special Diet/Food Allergies ☐ Early Childhood Special Education ☐ Special Transportation  
☐ Sign Language ☐ Adaptive Equipment ☐ Liability Insurance

Special Services/Therapy: ☐ Speech/Language ☐ Occupational ☐ Physical ☐ Psychological ☐ Cognitive  
☐ Developmental ☐ First Steps

Other special needs experience: \_\_\_\_\_

I understand the Americans with Disabilities Act (ADA): ☐ Yes ☐ No ☐ Unsure

For more information on ADA, visit [www.ada.gov](http://www.ada.gov)



# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

## STAFF &/OR FAMILY CHILD CARE INFORMATION

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) or some college \_\_\_\_\_

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 \_\_\_\_\_

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

## SALARY RANGE

Directors: Salary range \$\_\_\_\_\_/yr to \$\_\_\_\_\_/yr

Lead Teachers: Salary range \$\_\_\_\_\_/yr to \$\_\_\_\_\_/yr

Asst. Teachers: Salary range \$\_\_\_\_\_/yr to \$\_\_\_\_\_/yr

*Child Care Aware® 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® 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® 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.***

OFFICE USE ONLY Initials \_\_\_\_\_ Date \_\_\_\_\_ WLS ID# \_\_\_\_\_ ☐ New Listing ☐ Update Check one: ☐ CCC ☐ PS ☐ GrpCC ☐ S/A ☐ FCC