

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.
- You MUST provide verification of income. A statement from your employer indicating your hours and rate of pay or a recent pay stub may be used for verification.
- 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

First Name	Middle Name	Last Name	
Phone	<input type="checkbox"/> Mobile <input type="checkbox"/> Home	Email	
Address		City	
State	Zip +4	County	
SSN	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Other
Do you consider yourself...?	<input type="checkbox"/> White <input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Other race
Are you of Hispanic, Latino, or Spanish origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano	<input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin
How did you hear about T.E.A.C.H. MISSOURI?	<input type="checkbox"/> Presentation <input type="checkbox"/> Mailing <input type="checkbox"/> CC R&R Agency	<input type="checkbox"/> College <input type="checkbox"/> Center Director <input type="checkbox"/> T.E.A.C.H. Recipient	<input type="checkbox"/> Workshop <input type="checkbox"/> Website <input type="checkbox"/> Other

Employment Information

Employer	Center Lic #
What is your job title?	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Owner/Director <input type="checkbox"/> Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Owner/Teacher <input type="checkbox"/> Other
Beginning date of employment at program	Current hourly wage
Hours per week	Months per year
Number of children in your care	How long have you worked in the field of early childhood?
What age groups do you teach? (Check all that apply.)	<input type="checkbox"/> Less than 2 Yrs <input type="checkbox"/> 6-10 Yrs <input type="checkbox"/> 2-5 Yrs <input type="checkbox"/> 10+ Yrs <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> Pre K <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> School Age

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Education Information

Which college in Missouri do you want to attend?

Are you currently enrolled in courses? Yes No

When would you like to begin your T.E.A.C.H. MISSOURI Scholarship? Spring (January start) Summer (June start) Fall (August start) Year

Please check the box that best describes your educational history.

No High School Diploma 1-Year Certificate Bachelor Degree in Early Childhood
 High School Diploma/GED Associate Degree in Early Childhood Bachelor Degree in other field
 High School Diploma/GED + Credit Associate Degree in other field Masters
Hours Doctorate

Please check one that best describes your educational goals.

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

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

Are you...? Single, no kids Single parent, grandparent or guardian
 Married, no kids Married parent, grandparent or guardian

What is the number living in your household?

Which languages can you speak fluently?

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

Albanian English Mandarin Vietnamese
 American Sign Lang. French Russian Don't Know
 Bengali Italian Spanish Other
 Cantonese German

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 have *attended* college? Yes No

Do you have parents or siblings that have a college degree? Yes No

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

CDA: Infant/Toddler Specialization: Bi-Lingual
 CDA: Preschool Missouri Issued Credential
 CDA: Family Child Care Home State Teaching License
 CDA: Home Visitor None

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

Updated March 2016

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Have you applied for other financial aid? Yes Sources of other aid: PELL Grant Missouri Access Grant
 No Other Student loans

Receiving other financial aid does not disqualify you from the T.E.A.C.H. MISSOURI Scholarship. In fact, recipients are required to apply for financial aid using the FAFSA.

Does your center reimburse for tuition? Yes No

Does your center reimburse for books? Yes No

Will your portion of *tuition* be covered by your center or a third party? Yes No

Will your portion of *books* be covered by your center or a third party? Yes No

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.

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

This application must be accompanied by a recent paystub and a Center Participation Agreement. If a current Program Information Form is not on file, please also send one so program information can be updated. Applications will not be considered without all required documentation.

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 or Child Care Program 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 or a paystub if you earn a wage or salary.



<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>	

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

Student Teaching Model for Family Child Care Owners



Owner/Applicant agrees to:

1. Complete 8-15 credit hours at a 4-year college in early childhood education or general education courses during 1 semester only.
2. Pay 15% of the cost of tuition and books for courses totaling 8-15 credit hours during 1 semester.
3. Continue working at the family child care at least 5 hours per week during the student teaching semester.
4. Continue operation of the family child care for at least an additional three consecutive months after the 1 semester education period.

Other Information

Will the *recipient* percentage of tuition and books be paid by a third party? Yes No

Is your program going through Missouri Accreditation (MOA)? Yes No

Is your program going through re-accreditation through MOA? Yes No

_____ Print Program Name and License Number		
_____ Print Owner/Applicant Name	_____ Signature of Owner/Applicant	_____ Date

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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.)

- Licensed Exempt
 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

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

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