

## 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

## Scholarship Application Page 2

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

Updated March 2016

## Scholarship Application Page 3

Have you applied for other financial aid?  Yes  No Sources of other aid:  PELL Grant  Other  Missouri Access Grant  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](http://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. <b>Total Monthly Revenue (add lines 2-4):</b> _____</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. <b>Total Monthly Expenses (add lines 6-13):</b> _____</p>	
<p>15. <b>TOTAL MONTHLY EARNINGS (subtract line 14 from line 5):</b> _____</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

## Associate Degree Scholarship Model for Center Owners



### Owner/Applicant agrees to:

1. Complete 9-15 credit hours in early childhood or general education courses during a 12 month period, one education year.
2. Pay 10% of the cost of tuition and books for courses totaling 9-15 credit hours per education year.
3. Take 3 hours of paid time off per week of the semester to study or prepare for class.
4. Continue operation of the child care center for at least an additional twelve consecutive months after completion of the education year (24 months total).

### Other Information

Will the *owner* 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 Center Name and License Number		
_____ Print Owner/Applicant Name	_____ Signature of Owner/Applicant	_____ Date

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 March 2016

For office use only:  
Model: OA



# 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](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<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.***

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