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	☐ Mobile ☐ Home	Email
Address		City
State	Zip +4	County
SSN	Date of Birth	Gender ☐ Female ☐ Male ☐ Other

Do you consider yourself…?	☐ White	☐ American Indian/Alaska Native	☐ Asian
	☐ Black/African American	☐ Native Hawaiian/Other Pacific Islander	☐ Other race
Are you of Hispanic, Latino, or Spanish origin?	☐ No	☐ Yes, Puerto Rican	☐ Yes, another Hispanic, Latino, or Spanish origin
	☐ Yes, Mexican, Mexican American, Chicano	☐ Yes, Cuban	
How did you hear about T.E.A.C.H. MISSOURI?	☐ Presentation	☐ College	☐ Workshop
	☐ Mailing	☐ Center Director	☐ Website
	☐ CC R&R Agency	☐ T.E.A.C.H. Recipient	☐ Other

Employment Information

Employer			Center Lic #	
What is your job title?	☐ Teacher	☐ Assistant Teacher	☐ Owner/Director	
	☐ Director	☐ Assistant Director	☐ Owner/Teacher	☐ 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?		☐ Less than 2 Yrs ☐ 2-5 Yrs	☐ 6-10 Yrs ☐ 10+ Yrs
What age groups do you teach? (Check all that apply.)	☐ 0 ☐ 1	☐ 2 ☐ 3	☐ 4 ☐ 5	☐ Pre K ☐ 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
☐ High School Diploma/GED
☐ High School Diploma/GED + Credit Hours
☐ 1-Year Certificate
☐ Associate Degree in Early Childhood
☐ Associate Degree in other field
☐ Bachelor Degree in Early Childhood
☐ Bachelor Degree in other field
☐ Masters
☐ Doctorate

Please check one that best describes your educational goals.

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

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

Are you…? ☐ Single, no kids ☐ Married, no kids ☐ Single parent, grandparent or guardian ☐ 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
☐ American Sign Lang.
☐ Bengali
☐ Cantonese
☐ English
☐ French
☐ Italian
☐ German
☐ Mandarin
☐ Russian
☐ Spanish
☐ Vietnamese
☐ Don't Know
☐ Other

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

Have you applied for other financial aid? ☐ Yes ☐ No Sources of other aid: ☐ PELL Grant ☐ Missouri Access Grant ☐ 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:	*or*	By Mail:
866-697-8168		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.

T.E.A.C.H. Early Childhood® MISSOURI
A Project of Child Care Aware® of Missouri

1. Amount paid to you by parents each week: _____
2. Total Monthly Parent Fees (line 1 multiplied by 4.33): _____
3. Child and Adult Care Food Program reimbursement for the same month: _____
4. Department of Social Services subsidy for children in your care for the same month: _____

5. Total Monthly Revenue (add lines 2-4): _____

How much did you spend on the children in your child care business for the same month?

6. Food: _____
7. Toys: _____
8. Assistant/Substitute Care or Staffing: _____
9. Crafts/Supplies/Materials: _____
10. Transportation: _____
11. Training and Professional Development: _____
12. Gifts for Children/Families: _____
13. Other Expenses (specify) _____: _____

14. Total Monthly Expenses (add lines 6-13): _____

15. TOTAL MONTHLY EARNINGS (subtract line 14 from line 5): _____

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

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

Center Participation Agreement
One Semester Pre-Certification Model for Center Owners

Owner/Applicant agrees to:

1. Complete 6-12 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 6-12 credit hours during 1 semester.
3. Take 2 hours of paid time off per week of the semester to study or prepare for class, not to exceed 17 hours for a summer term or 34 hours for a spring or fall term.
4. Continue operation of the child care center for at least an additional six consecutive months after the 1 semester education period.

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

Updated March 2016

For office use only:
Model: OPC1

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