



# FOLLOW THESE STEPS to successfully apply for a T.E.A.C.H. MISSOURI SCHOLARSHIP

- All forms are included in this package
- Please complete the forms on your computer since they are fillable forms which include drop-down options
- After completing the forms entirely - PRINT, SIGN and DATE them

## STEP 1: To be completed by the APPLICANT:

### (1) Application (3 pages)

**Complete the Application on your computer**

(it is a fillable form which includes drop-down options)

**Print** the application

**Sign and date** the application

### (2) Wage Verification

- **Teachers or Directors:**

Provide a copy of a **recent pay stub** (within the past 2 months) from your employer

- **Family Child Care or Center Owners:**

Provide both a copy of your **Schedule C** (from your last income tax return) or a recent pay stub AND the **Monthly Income Worksheet** (1 page included in this package)

- **New employees who have not yet received a pay stub:**

Provide a statement from your sponsoring employer on company letterhead confirming your rate-of-pay and weekly hours. A copy of your pay stub will need to be provided before the end of your first semester

## STEP 2: To be completed by the SPONSORING EMPLOYEER:

### (1) Center Participation Agreement (1 page)

### (2) Program Information Form (3 pages)

## STEP 3: Submit your completed forms and documentation:

EMAIL: [Bonita@childcareaware.org](mailto:Bonita@childcareaware.org)

FAX: 866-697-8168

MAIL: T.E.A.C.H. MISSOURI, 1000 Executive Parkway Dr. Suite #103, St. Louis, MO 63141

## STEP 4: Be Proactive! While you are waiting for notification from T.E.A.C.H. MISSOURI about your scholarship, please complete the following:

(1) Contact the Missouri-based college you plan to attend, by phone or on-line, and apply for admission if you are not currently a student. **T.E.A.C.H. MISSOURI College Directory**

(2) Contact the Early Childhood Department at the college and make an appointment with an academic advisor to discuss your degree plan and the course you need to take first.

(3) Complete the free application for Federal Student Aid (FAFSA) on-line at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

*Even if you do not qualify for federal grants, T.E.A.C.H. MISSOURI needs documentation that you have applied. Save all documentation to send in once you accept a scholarship contract.*

*Your Dreams. Your Reality. Our Scholarships.*

Teach-Missouri.org

1000 Executive Parkway Drive, Suite #103 | St. Louis, MO 63141

Toll Free: 800-200-9017 x 620 | Local: 314-535-2020 x 620 | Fax: 866-697-8168

# T.E.A.C.H. MISSOURI SCHOLARSHIP APPLICATION



- Scholarships are available to eligible applicants on a first come, first served basis.
- Please complete ALL questions. Incomplete application packets will not be processed.
- This application will not be approved without your dated signature on page 3.
- **In addition to this application, you MUST also provide the documentation listed on page 3.**
- Once approved, a contract (Form A) will be sent to be reviewed, signed, and dated by you and your sponsor. Your scholarship will be considered active when it is completed and received by T.E.A.C.H. MISSOURI.
- Please keep a copy of all items for your records.

Date:

## Personal Information:

First Name:

Middle Name:

Last Name:

Phone:

Type:

Email:

Address:

City:

State:

Zip:

County:

Date of Birth:

SSN:

Gender:

I consider myself...

I am of Hispanic, Latinx or Spanish origin:

Number living in my household:

Family Status:

Fluently spoken language/s:

How I heard about T.E.A.C.H. MISSOURI:

## Professional Information:

Employer:

Program License #:

Position title:

Date of Hire:

Current hourly wage:

Hours per week:

Months worked per year:

Number of children in my care/classroom:

Years worked in the Early Childcare field:

What age group/s do you work with? (Check all that apply): 0 1 2 3 4 5 PreK School Age

MOPD ID:

(If you do not have a Missouri Professional Development Identification Number, please visit [www.openinitiative.org](http://www.openinitiative.org))

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**Education Information:**

Are you a past recipient of a T.E.A.C.H. MISSOURI Scholarship?

Have you participated in the Child Care Aware of Missouri CDA Scholarship Project?

Scholarship Model for which you are applying:

**If CDA**, what setting:

**If applying for a CDA, Entry Associate, or Associate Degree Scholarship Model** - which 2-year college do you plan to attend:

**If applying for a Bachelor's Degree Model Scholarship** - which 4-year college do you plan to attend:

Have you applied to this college?

Are you currently enrolled in classes at this college?

Semester & year you intend to begin your Scholarship: Semester:

Year:

Select which best describes your educational history:

Select which best describes your current educational goal:

Being awarded a T.E.A.C.H. MISSOURI Scholarship will help me achieve my educational goal by:

Have you taken college courses in the past two years?

Number of Early Childhood Education college credits earned in the past two years:

Select the credentials and specializations you currently hold:

CDA: Infant/Toddler

CDA: Preschool

State Teaching License

CDA: Family Child Care Home

CDA: Home Visitor

Missouri Issued Credential

Specialization: Bi-Lingual

Other:

None

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

Do you have parents or siblings who have attended college?

Do you have parents or siblings who have a college degree?

**Financial Assistance:**

Have you applied for other financial aid?

*Receiving financial aid does not disqualify you from a scholarship. Recipients are required to apply for financial aid using **FAFSA**. Recipients will be required to provide a copy of their FAFSA submission letter (page 1) to T.E.A.C.H. MISSOURI by the end of the first semester of their T.E.A.C.H. MISSOURI Scholarship contract.*

Sources of other Aid:

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Toll Free: 800-200-9017 x 620 | Local: 314-535-2020 x 620 | Fax: 866-697-8168

**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

**Completion and submittal of this application does not guarantee you will be awarded a scholarship.**

**Applications will not be considered without all required documentation. In addition to the 3-page signed application, you must also submit the items listed below:**

**(1) Income Verification** (of applicant)

Provide a copy of a recent pay stub, no more than 2 months old, showing hours per week and rate of pay. (A letter from your sponsor may initially be used for verification if you are a new employee.) If you are an owner, you may alternatively provide your most recent Schedule C.

**(2) Center Participation Agreement** (completed by Sponsor)

**(3) Program Information Form** (completed by Sponsor)

Submit your completed application and documentation to T.E.A.C.H. MISSOURI:

**Fax:** 866-697-8168

**Email:** [Bonita@mo.childcareaware.org](mailto:Bonita@mo.childcareaware.org)

**Mail:** T.E.A.C.H. MISSOURI

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# CENTER PARTICIPATION AGREEMENT

## Child Development Associate (CDA) Scholarship Model For Center Owners

To be completed by director or owner only.  
Please keep a copy for your records.

Date: \_\_\_\_\_

Mail: Child Care Aware of Missouri  
1000 Executive Parkway Dr., Ste 103  
St. Louis, MO 63141  
Fax: (866) 697-8168  
Email: Bonita@mo.childcareaware.org

### Owner/Applicant agrees to:

1. Complete 9-12 credit hours in early childhood education during a consecutive 12 month period.
2. Pay 5% of the cost of tuition and books for courses totaling 9-12 credit hours per education year.
3. Continue operation of the child care center for at least an additional 6 consecutive months after the education year (18 months total - education plus commitment time).

### Other Information:

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

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Name of Center:

License Number of Center:

Name of Owner/Applicant:

Owner /Applicant Signature: \_\_\_\_\_

Date



# MONTHLY INCOME WORKSHEET

## for Family Child Care or Child Care Program Owners

To be completed by owner only.  
Please keep a copy for your records.

Date: \_\_\_\_\_

Mail: Child Care Aware of Missouri  
1000 Executive Parkway Dr., Ste 103  
St. Louis, MO 63141  
Fax: (866) 697-8168  
Email: Bonita@mo.childcareaware.org

- 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.
- You MUST also send a copy of your most recent *Profit/Loss Statement (Schedule C)* from your last tax returns filed OR a copy of your pay-stub if you earn a wage or salary.

- 
1. Amount paid to you by families each week: \_\_\_\_\_
  2. Total Monthly Family 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):** \_\_\_\_\_

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**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):** \_\_\_\_\_

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**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).

Owner/Applicant Signature \_\_\_\_\_

Date

Owner/Applicant Name:

Sponsoring Center Name:

License Number:



Two-Thousand Days to Make a Difference

# CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

teach-missouri.org



**To be completed by director or owner only.**  
**Please keep a copy for your records.**

**Mail:** Child Care Aware of Missouri  
1000 Executive Parkway Dr., Ste 103, St. Louis, MO 63141  
**Fax:** (314)754-0330  
**Email:** Bonita@mo.childcareaware.org

Date: \_\_\_\_\_

### CONTACT INFORMATION:

Program Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Program Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Program Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Email we may share with families needing child care: \_\_\_\_\_

Website: \_\_\_\_\_

Program Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### CREDENTIALS:

Regulation type: \_\_\_\_\_

License Number: \_\_\_\_\_

Accreditation: \_\_\_\_\_

Accreditation Expiration Date: \_\_\_\_\_

Any Specific training or certifications, please list here:

Program Type: \_\_\_\_\_

### **Organization Affiliations and Partnerships:**

Non-Profit

Head Start

School District Early Childhood Program

For-Profit

Early Head Start

School District Before/After School Program

College/University

National Chain/Franchise

Religious Organization

YMCA/YWCA

None Applicable

Company or Corporation *(exclusively for children of employees)*

### **Recognitions:**

MOve Smart Recognition

Missouri Eat Smart Designation

### AGES & CAPACITY:

Care for ages \_\_\_\_\_ months/years to \_\_\_\_\_ years.

Licensed Capacity: \_\_\_\_\_

Licensed for ages \_\_\_\_\_ months/years to \_\_\_\_\_ years.

Current Enrollment: \_\_\_\_\_

Percentage of children receiving subsidy: \_\_\_\_\_

Desired Enrollement: \_\_\_\_\_

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**Operating Hours**

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**Current Full-time Openings and Waitlist:**

	<b>Weekly FT Rate:</b>	<b>Current FT Openings:</b>	<b>Waitlist Till:</b> (Approx. date)
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@	_____	_____	_____
\ ' \	_____	_____	_____
u ' \	_____	_____	_____
u 7 ' \	_____	_____	_____
K & School Age	_____	_____	_____

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Full-Time Preschool Care	\ Federal =	Flexible
Part-Time Preschool Care	\ = #	School-aged Summer Program
Full-Time Infant/Toddler Care	Drop-In Care	School-aged Before and/or After School Care
Part-Time Infant/Toddler Care	Temporary or Emergency Care	

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U \ S (DSS)	Foster Care Subsidy	Multi-Child Discount
IL Subsidy	O	Military Assistance
KS o h	Income-Based Tuition (sliding fee)	Hourly Rate Options

**ADDITIONAL FEES:**

Registration	Supplies	Transportation	None Applicable
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**ABOUT OUR PROGRAM:**

**Environment:**

Outdoor h	No Pets	Air Conditioned
7 d Yard	Pets Kept Away from Children	Video-cam Monitoring
\ Classroom	Pets Interact with Children	Security System
Intergenerational Learning	Smoke-free	None Applicable

**Meals:**

Breakfast	Family Provides Meals	Adequate Breastfeeding Space
Lunch	Family Style Dining	CACFP-USDA Food Prg Member
Snacks	Field/Garden-to-Table	Program Provides Formula, Baby
Dinner	Accommodates Special Diets	Cereal and/or Food

**Transportation:**

Transports to/from School	By School's Bus Route	No Transportation
Transports to/from Home	Near Public Transportation	Walking Distance to/from School

**Family Involvement:**

Family Volunteer Opportunities	Family-Teacher Conferences	Family Events
Daily Communication Sheets	Family Communication App	Program Newsletter



**Activities:**

Field Trips	Gymnastic Instruction	Gardening
Computers for Children	Sports Programs	Toilet Learning
Foreign Language Instruction	Opportunities for Cooking	None Applicable
Music Instruction		

**Curriculum:**

Creative Curriculum	Project Construct	A Beka
HighScope	Reggio	None Applicable
Montessori	Emerging Language &	Other: _____
Religious	Literacy Curriculum	

**Primary Lanugage Used:** \_\_\_\_\_ **Secondary Language/s Used:** \_\_\_\_\_

**SPECIAL NEEDS:**

**Program has experience with:**

Autism	Food Allergies	Visual Impairment
ADHD	Environmental Allergies	Diabetes
Hearing Impairment	Asthma	None Applicable

**General Support:**

Wheelchair Access	Administer Medication	Therapists Welcome
Walker Access	Breathing Treatments/Inhalers	None Applicable

**Child Care Aware® of Missouri reserves the right, 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 should 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: \_\_\_\_\_