



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

- All forms for your application are included in this package and must be completed
- 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

- **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)

(3) Scholarship Participation Agreement (1 page)

STEP 2: To be completed by the OWNER

Scholarship Participation Agreement (1 page)

Monthly Income Worksheet (1 page)

(3) Sponsor Information Form (1 page)

STEP 3: Submit your completed forms and documentation:

EMAIL: info@teach-missouri.org

FAX: 866-697-8168

MAIL: T.E.A.C.H. MISSOURI, 955 Executive Parkway Dr. Suite #106, 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.studentaid.gov/h/apply-for-aid/fafsa

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.

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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) and Personal Responsibility Agreement will be sent to be reviewed, signed, and dated by you and your sponsor. Your scholarship will be considered active when both are 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 Childhood field:

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

MOPD ID:

Do you work in an Early Head Start or Head Start Classroom?

(If you do not have a Missouri Professional Development Identification Number, please visit www.earlyconnections.mo.gov/MOPD)

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Toll Free: 800-200-9017 x621 | Local: 314-535-2020 x 621 | Fax: 866-697-8168

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? Sources of other 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. To apply go to www.studentaid.gov/h/apply-for-aid/fafsa

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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) Wage Verification

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) Monthly Income Worksheet

(3) Scholarship Participation Agreement

(4) Sponsor Information Form

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

Fax: 866-697-8168

Email: info@teach-missouri.org

Mail: T.E.A.C.H. MISSOURI
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SCHOLARSHIP PARTICIPATION AGREEMENT

Child Development Associate (CDA) Scholarship Model

FAMILY CHILD CARE OWNERS

If awarded a T.E.A.C.H. MISSOURI Scholarship, I understand it is my responsibility as both the OWNER and the RECIPIENT to:

(please initial each statement)

- _____ Complete 9-12 credit hours in early childhood education at a 2-year college during a consecutive 12 month period.
- _____ Pay 5% of the cost of tuition and books for courses paid by T.E.A.C.H. MISSOURI during the education year.
- _____ Communicate in a timely manner with my T.E.A.C.H. MISSOURI counselor throughout my scholarship.
- _____ Continue operation of my family child care program for at least an additional 6 consecutive months after the completion of the education year. (18 month total = education year plus commitment time)

Program Name:
Program License Number:
Owner's Name:

Owner Signature: _____

_____ Date

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For Office use only:
MODEL CDA TEA F



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: _____

- 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. State Child Care 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).

Owner/Applicant Signature

Date

Owner/Applicant Name:

Sponsoring Center Name:

License Number:

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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.

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:

| | Weekly FT Rate: | Current FT Openings: | Waitlist Till: (Approx. date) |
|----------------|-----------------|----------------------|-------------------------------|
| 8-8k\yh | _____ | _____ | _____ |
| @ | _____ | _____ | _____ |
| \ ' \ | _____ | _____ | _____ |
| 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 |
|--------------|----------|----------------|-----------------|

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: _____