



## **FOLLOW THESE STEPS to successfully apply for a T.E.A.C.H. MISSOURI Home Visitor Scholarship**

- All forms for your application are included in this packet 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) Employment Verification**

- Provide a copy of a **recent pay stub** (within the past 2 months) from your employer to verify employment.

#### **(3) Scholarship Participation Agreement** (1 page)

Complete the recipient's portion and sign it before giving it to your employer

### **STEP 2: To be completed by the SPONSORING EMPLOYER:**

**Scholarship Participation Agreement** complete the sponsor's portion (1 page)

**Sponsoring Employers Program Information form** (1 page)

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

EMAIL: [info@teach-missouri.org](mailto: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 2-year college you plan to attend, by phone or on-line, and apply for admission, if you are not currently a student.

(2) Complete the free application for Federal Student Aid (FAFSA) on-line at

[www.studentaid.gov/h/apply-for-aid/fafsa](http://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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[Teach-Missouri.org](http://Teach-Missouri.org)

955 Executive Parkway Drive, Suite #106 | St. Louis, MO 63141

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

# T.E.A.C.H. MISSOURI SCHOLARSHIP Home Visitor CDA 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:

Date of Hire:

Position title:

Current hourly wage:

Hours per week:

Months worked per year:

Number of families in your current caseload: \_\_\_\_\_

What age group/s do you work with? (Check all that apply):

Infants

1 year

2 years

3 years

4 years

5 years

Older than 5 years

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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 previously?

Which 2-year college do you plan to attend?

Have you applied to this college?

Are you currently enrolled in classes at this college?

Semester and year you intend to begin:

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

Specialization: Bi-Lingual

Other

Missouri Issued Credential  
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-fir-aid/fafsa](http://www.studentaid.gov/h/apply-fir-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** (of applicant)

Provide a copy of a recent pay stub, no more than 2 months old, showing hours per week and rate of pay.

**(2) Scholarship Participation Agreement** (completed by Recipient & Sponsor)

**(3) Sponsoring Employer Agency Profile Form** (completed by Sponsoring Employer)

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

**Fax:** 866-697-8168

**Email:** [info@teach-missouri.org](mailto:info@teach-missouri.org)

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

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# SCHOLARSHIP PARTICIPATION AGREEMENT

## Home Visitor Child Development Associate (CDA) Scholarship Model

The Child Development Associate scholarship model, offered through Child Care Aware® of Missouri, requires the participation of the scholarship recipient's sponsoring child care program.

If awarded a T.E.A.C.H. MISSOURI Scholarship, I understand it is my responsibility as the **RECIPIENT** to:  
(please initial each statement)

- \_\_\_\_\_ Complete 9-12 credit hours in early childhood education at a Missouri-based 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.
- \_\_\_\_\_ Remain in service at the sponsoring program for at least an additional 6 consecutive months after the education year. (18 months total = 12 month education year plus 6 months commitment time)

If the applicant, my employee, is awarded a T.E.A.C.H. MISSOURI Scholarship, I understand that it is my responsibility as the **SPONSOR** to: (please initial each statement)

- \_\_\_\_\_ Pay 5% of the cost of tuition and books for courses paid by T.E.A.C.H. MISSOURI during the education year.
- \_\_\_\_\_ Notify T.E.A.C.H. MISSOURI within 10 days of any change in the recipient's employment status.

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Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

\_\_\_\_\_ Date

Sponsoring Employer Name: \_\_\_\_\_

Sponsoring Employer Signature: \_\_\_\_\_

\_\_\_\_\_ Date

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For Office use only:  
MODEL CDA TEA



## CHILD CARE & EARLY LEARNING PROGRAM INFORMATION FORM

[teach-missouri.org](http://teach-missouri.org)

### Contact Information

Business Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

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

### Home Visiting Model

Home Visiting Model Followed: \_\_\_\_\_

Counties Served: \_\_\_\_\_

Number of Years in Operation: \_\_\_\_\_

Number of Home Visitors Employed: \_\_\_\_\_

For Profit

Not for Profit