

Follow these steps to successfully apply for a TEACH Missouri Scholarship

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

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 and send it in

2. Wage Verification

Family Child Care and 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

STEP 2: To be completed by your Sponsoring Employer:

1. Scholarship Participation Agreement (1 page)
2. Monthly Income Worksheet (1 page)
3. Sponsor Information Form (3 pages)

STEP 3: Submit your completed forms and documentation:

EMAIL: info@teach-missouri.org

FAX: 866-697-8168

MAIL : TEACH Missouri, 955 Executive Parkway Dr. Suite #106, St. Louis MO 63141

STEP 4: Be Proactive! While you are waiting for notification from TEACH 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.
2. To find a college near you, visit teach-missouri.org for our college directory.
3. 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.

Save all documentation to send in once you accept a scholarship contract.

Your Dreams, Your Reality, Our Scholarship

Teach-Missouri.org

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

TEACH MISSOURI SCHOLARSHIP APPLICATION



MISSOURI
A Program of Child Care Aware® of Missouri

- Scholarships are available to eligible applicants on a first come, first served basis.
- Please complete ALL questions. Incomplete application packets will not be processed.
- **In addition to the application, you MUST provide all the documentation listed.**
- Once approved, a contact (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 TEACH Missouri.
- Please keep a copy of all items for your records.

Date: _____

Personal Information:

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Type: _____

Personal Email: _____ Work Email: _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

Regarding race and ethnicity, I identify as...

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Middle Eastern/North African | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer Not to Answer | |

Number living in my household: _____ Family Status: _____

Fluently spoken language(s): _____

How I heard about TEACH Missouri: _____

Professional Information:

Employer: _____ License # _____

Position title: _____ Date of Hire: _____

Current hourly wage: _____ Hours per week: _____ Months 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)

Your Dreams, Your Reality, Our Scholarship

Teach-Missouri.org

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

Toll Free: 800-200-9017 x621 | Email: info@teach-missouri.org | Fax: 866-697-8168

Education Information:

Are you a past recipient of a TEACH 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 Scholarship

Model – which 2-year college do you plan to attend? _____

If applying to a Bachelor’s Degree Model Scholarship –

which 4-year college do you plan to attend? _____

Have you applied to this college? _____ Are you 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 TEACH 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 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 attended college? _____

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

Financial Aid:

Have you applied for other financial aid? _____ Sources of other aid: _____

Receiving financial aid does not disqualify you from a scholarship.

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 TEACH Missouri.

Signature of Applicant

Date

Applications will not be considered without all of the required documentation. In addition to this 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. (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) **Scholarship Participation Agreement** (completed by Recipient and Sponsor)
- (3) **Sponsor Information Form** (completed by Sponsor)

Submit your completed application and documentation to TEACH Missouri:

FAX: 866-697-8168
Email: info@teach-missouri.org
Mail: TEACH Missouri
955 Executive Parkway Dr Ste #106
Saint Louis MO 63141

Your Dreams, Your Reality, Our Scholarship

Teach-Missouri.org

955 Executive Parkway Drive, Suite #106 | St. Louis, MO 63141
Toll Free: 800-200-9017 x621 | Email: info@teach-missouri.org | Fax: 866-697-8168



SCHOLARSHIP PARTICIPATION AGREEMENT

Associate Degree Scholarship Model

Family Child Care Owners

If awarded a TEACH Missouri Scholarship, I understand it is my responsibility as the OWNER and the RECIPIENT to: *(please initial each statement)*

_____ Complete 9-15 credit hours in early childhood education during a consecutive 12-month period.

_____ Pay 10% of the cost of tuition and books for courses paid by TEACH Missouri during the education year.

_____ Take 3 hours of paid time off (release time) per week of the semester to study or prepare for class.

_____ Communicate in a timely manner with my TEACH Missouri counselor throughout my scholarship.

_____ Continue to operate your program for at least an additional 12 consecutive months after the completion of the education year (24-month total = education year plus commitment time).

Program Name: _____

Program License Number: _____

Owner Name: _____

Owner's Signature: _____ Date: _____

Your Dreams, Your Reality, Our Scholarships

Teach-Missouri.org

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

Toll Free: 800-200-9017 x621 | Email: info@teach-missouri.org | Fax: 886-697-8168



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 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 _____

Your Dreams, Your Reality, Our Scholarship

Teach-Missouri.org

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

TOLL FREE: 800-200-9017 x621 | Email: info@teach-missouri.org | Fax: 866-697-8168



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: _____
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, For-Profit, College/University, YMCA/YWCA, Head Start, Early Head Start, National Chain/Franchise, None Applicable, School District Early Learning Program, School District Before/After School Program, Religious Organization, Company or Corporation (exclusively for children of employees)

Recognations:

_____ 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 Enrollment: _____

SCHEDULE:

Operating Hours

Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____
Sunday _____ to _____
Yearly Schedule: _____

Current Full-time Openings and Waitlist:

Age Group	Weekly FT Rate:	Current FT Openings	Waitlist Till: (Approx date)
Infant (0-12 months)	_____	_____	_____
One Year Old	_____	_____	_____
Two Year Old	_____	_____	_____
Three-Five Year Old	_____	_____	_____
K & School Age	_____	_____	_____

SCHEDULING OPTIONS:

- Full-Time Preschool Care
- Part-Time Preschool
- Full-Time Infant/Toddler Care
- Part-Time Infant/Toddler Care
- Open Federal Holidays
- Overnight/24 Hour Care
- Drop-In Care
- Temporary or Emergency Care
- Flexible
- School-aged Summer Program
- School-aged Before and/or After School Care

PAYMENT ASSISTANCE AVAILABLE TO FAMILIES:

- Mo Subsidy (DSS)
- IL Subsidy
- KS Subsidy Program
- Foster Care
- Scholarships
- Income-Based Tuition (sliding fee)
- Multi-Child Discount
- Military Assistance
- Hourly Rate Options

ADDITIONAL FEES:

- Registration
- Supplies
- Transportation
- None Applicable

ABOUT OUR PROGRAM:

Environment:

- Outdoor Play Area
- Fenced Yard
- Outdoor Classroom
- Intergenerational Learning
- No Pets
- Pets Kept Away from Children
- Pets Interact with Children
- Smoke-free
- Air Conditioned
- Video-cam Monitoring
- Security System
- None Applicable

Meals:

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

Family Involvement:

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

Activities:

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

Curriculum:

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

Primary Language Used: _____ **Secondary Language/s Used:** _____

SPECIAL NEEDS:

Program has experience with:

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

General Support:

- Wheelchair Access
- Walker Access
- Administer Medication
- Breathing Treatments/Inhalers
- Therapists Welcome
- 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 and above statement and understand Child Care Aware® of Missouri’s listing policies.

Signature: _____ Date: _____