

## 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](mailto: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](http://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.*

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[Teach-Missouri.org](http://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...

American Indian/Alaska Native

Asian

Black/African American

Hispanic/Latino

White

Two or More Races

Native Hawaiian/Pacific Islander

Middle Eastern/North African

Other

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](http://www.earlyconnections.mo.gov/mopd))

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**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.

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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](mailto:info@teach-missouri.org)  
Mail: TEACH Missouri  
955 Executive Parkway Dr Ste #106  
Saint Louis MO 63141

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# SCHOLARSHIP PARTICIPATION AGREEMENT

## One and Two Semester Associates Scholarship Model Child Care Owners

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

### ONE SEMESTER:

- \_\_\_\_\_ Complete 3 credit hours in one semester in only early childhood education classes, at a 2-year college.
- \_\_\_\_\_ Pay 10% of the cost of tuition and books for courses paid by TEACH Missouri during the semester.
- \_\_\_\_\_ Take 2 hours of release time per week, at regular pay, while in class.
- \_\_\_\_\_ Communicate in a timely manner with my TEACH Missouri counselor throughout my scholarship.
- \_\_\_\_\_ Continue to operate your program for at least an additional 6 consecutive months after the end of the completion of the semester.

### OR

### TWO SEMESTER:

- \_\_\_\_\_ Complete 6 credit hours in the two semesters in only early childhood education classes at a 2-year college.
- \_\_\_\_\_ Pay 10% of the cost of tuition and books for courses paid by TEACH Missouri during the semester.
- \_\_\_\_\_ Take 2 hours of release time per week, at regular pay, while in class.
- \_\_\_\_\_ Communicate in a timely manner with my TEACH Missouri counselor throughout my scholarship.
- \_\_\_\_\_ Continue to operate your program for at least an additional 6 consecutive months after the end of the completion of the semester.

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

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

Owner Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office use only:  
MODEL: OAOS OATS  
Semester: 1 2



# 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 \_\_\_\_\_

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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: \_\_\_\_\_