

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

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

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)

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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.

Teach-Missouri.org

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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 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

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SCHOLARSHIP PARTICIPATION AGREEMENT

Bachelor's Degree Scholarship Model

TEACHERS and DIRECTORS

The Bachelor's Degree Scholarship model requires the participation of the scholarship recipient's sponsoring child care program.

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

Complete 9-15 credit hours in early childhood education at a 4-year college 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 2 hours of paid time off per week (release time) of the semester to study or prepare for class.

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

Remain in service at the sponsoring program for at least an additional 9 months after my education year OR remain in service for 9 months after your education year in a licensed Missouri child care program if a bonus is not provided by your sponsor. (21 months total = education year plus commitment time)

If the applicant, my employee, is awarded a TEACH Missouri Scholarship, I understand that it is my responsibility as the SPONSOR to: *(please initial each statement)*

_____ Pay 15% of the cost of tuition and books for courses paid by TEACH Missouri during the education year.

_____ Provide the recipient with 2 hours of paid time off per week (release time), at regular pay, while class is in session.

_____ Notify TEACH Missouri within 10 days of any change in the recipient's employment status.

_____ Provide the recipient with one of the following two options:

☐ **OPTION #1** – Provide a \$200 bonus upon completion of the recipient's education year, resulting in a consecutive nine month commitment time to the recipient's center.

☐ **OPTION #2** – Not provide a bonus so the recipient's commitment time, starting after the 12-month education period, may be served at any licensed Missouri child care center.

Applicant's Name: _____

Applicant's Signature _____

Program Name: _____

Program License Number: _____

Owner or Director's Name: _____

Owner or Director's Signature: _____

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For Office use only:

MODEL: TB



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 | ☐ Head Start | ☐ School District Early Learning 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 (<i>exclusively for children of employees</i>) |

Recognations:

_____ MOVE Smart Recognition _____ Missouri Eat Smart Designation

AGES & CAPACITY:

Care for ages _____ months/years to _____ years.

Licensed for ages _____ months/years to _____ years.

Percentage of children receiving subsidy: _____

Licensed Capacity: _____

Current Enrollment: _____

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

PAYMENT ASSISTANCE AVAILABLE TO FAMILIES:

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

ADDITIONAL FEES:

- | | | | |
|---------------------------------------|-----------------------------------|---|--|
| ☐ Registration | ☐ Supplies | ☐ Transportation | ☐ None Applicable |
|---------------------------------------|-----------------------------------|---|--|

ABOUT OUR PROGRAM:**Environment:**

- | | | |
|---|---|---|
| ☐ Outdoor Play Area | ☐ No Pets | ☐ Air Conditioned |
| ☐ Fenced Yard | ☐ Pets Kept Away from Children | ☐ Video-cam Monitoring |
| ☐ Outdoor 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, |
| ☐ Dinner | ☐ Accommodates Special Diets | Baby Cereal and or Food |

Family Involvement:

- | | | |
|---|--|---|
| ☐ Family Volunteer Opportunities | ☐ Family-Teacher Conference | ☐ Family Events |
| ☐ Daily Communication Sheets | ☐ Family Communications 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 Construction | ☐ A Beka |
| ☐ HighScope | ☐ Reggio | ☐ None Applicable |
| ☐ Montessori | ☐ Emerging Language & | ☐ Other: |
| ☐ Religious | ☐ Literacy Curriculum | |

Primary Language 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 and above statement and understand Child Care Aware® of Missouri's listing policies.

Signature: _____ Date: _____