

Scholarship Application Page 1



- Scholarships are available to eligible applicants on a first come, first served basis as long as funding is available.
- Please fill in ALL questions. Incomplete application packets cannot be processed.
- You MUST provide verification of income. A statement from your employer indicating your hours and rate of pay or a recent pay stub may be used for verification.
- Please keep a copy of all items sent for your records.
- If you are accepted, you will receive a contract (Form A) in the mail. You do not have a scholarship until Form A is signed, returned and received by T.E.A.C.H. MISSOURI staff.

Date: _____

Personal Information

First Name	Middle Name	Last Name
Phone	<input type="checkbox"/> Mobile <input type="checkbox"/> Home	Email
Address		City
State	Zip +4	County
SSN	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

Do you consider yourself...?	<input type="checkbox"/> White <input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Other race
Are you of Hispanic, Latino, or Spanish origin?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano	<input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin
How did you hear about T.E.A.C.H. MISSOURI?	<input type="checkbox"/> Presentation <input type="checkbox"/> Mailing <input type="checkbox"/> CC R&R Agency	<input type="checkbox"/> College <input type="checkbox"/> Center Director <input type="checkbox"/> T.E.A.C.H. Recipient	<input type="checkbox"/> Workshop <input type="checkbox"/> Website <input type="checkbox"/> Other

Employment Information

Employer	Center Lic #
What is your job title?	<input type="checkbox"/> Teacher <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Assistant Director <input type="checkbox"/> Owner/Director <input type="checkbox"/> Owner/Teacher <input type="checkbox"/> Other
Beginning date of employment at program	Current hourly wage
Hours per week	Months per year
Number of children in your care	How long have you worked in the field of early childhood? <input type="checkbox"/> Less than 2 Yrs <input type="checkbox"/> 2-5 Yrs <input type="checkbox"/> 6-10 Yrs <input type="checkbox"/> 10+ Yrs
What age groups do you teach? (Check all that apply.)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Pre K <input type="checkbox"/> School Age

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Education Information

Which college in Missouri do you want to attend?

Are you currently enrolled in courses? Yes No

When would you like to begin your T.E.A.C.H. MISSOURI Scholarship? Spring (January start)
 Summer (June start)
 Fall (August start) Year

Please check the box that best describes your educational history.

No High School Diploma 1-Year Certificate Bachelor Degree in Early Childhood
 High School Diploma/GED Associate Degree in Early Childhood Bachelor Degree in other field
 High School Diploma/GED + Credit Associate Degree in other field Masters
Hours Doctorate

Please check one that best describes your educational goals.

Earn an EC Credential Take a few early childhood courses to obtain or upgrade job-related skills
 Earn an EC Certificate Earn an EC Associate Degree and transfer to a four-year college to earn a Bachelor's Degree
 Earn an EC Associate Degree
 Earn an EC Bachelor's Degree

How will a T.E.A.C.H. MISSOURI Scholarship help you achieve this goal?

Are you...? Single, no kids Single parent, grandparent or guardian
 Married, no kids Married parent, grandparent or guardian

What is the number living in your household?

Which languages can you speak fluently?

Which language do you feel most comfortable using when learning in a classroom?

Albanian English Mandarin Vietnamese
 American Sign Lang. French Russian Don't Know
 Bengali Italian Spanish Other
 Cantonese German

Have you taken any college courses in the past two years? Yes No

Have you completed any ECE credits in the past two years? Yes (How many? _____) No

Do you have parents or siblings that have *attended* college? Yes No

Do you have parents or siblings that have a college degree? Yes No

Which of the following credentials and specializations do you currently hold?

CDA: Infant/Toddler Specialization: Bi-Lingual
 CDA: Preschool Missouri Issued Credential
 CDA: Family Child Care Home State Teaching License
 CDA: Home Visitor None

1000 Executive Parkway Dr., Ste. 103 | St. Louis, MO 63141

Toll Free: 800-200-9017 x607 or x609 | Local: 314-535-2020 x607 or x609 | Fax 866-697-8168

www.teach-missouri.org

Updated June 2019

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Are you applying for the T.E.A.C.H. MISSOURI CDA Scholarship?

Yes No If yes, for what CDA setting?

Infant/Toddler
 Preschool
 Family child care

Have you applied for other financial aid?

Yes No Sources of other aid:

PELL Grant
 Other

Missouri Access Grant
 Student loans

Receiving other financial aid does not disqualify you from the T.E.A.C.H. MISSOURI Scholarship. In fact, recipients are required to apply for financial aid using the FAFSA.

Does your center reimburse for tuition? Yes No

Does your center reimburse for books? Yes No

Will your portion of *tuition* be covered by your center or a third party? Yes No

Will your portion of *books* be covered by your center or a third party? Yes No

MOPD ID If you do not have a MOPD ID, please visit www.openinitiative.org, Missouri's Professional Development Initiative for Early Childhood and Afterschool Professionals.

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

This application must be accompanied by a recent paystub and a Center Participation Agreement. If a current Program Information Form is not on file, please also send one so program information can be updated. Applications will not be considered without all required documentation.

Return your completed application packet:

By Fax:
866-697-8168

or

By Mail:
T.E.A.C.H. MISSOURI
1000 Executive Parkway Dr., Ste 103
St. Louis, MO 63141

Center Participation Agreement

CDA Scholarship Model for Family Child Care Owners



Owner/Applicant agrees to:

1. Complete 9-12 credit hours in early childhood education during a 12 month period, one education year.
2. Pay 5% of the cost of tuition and books for courses totaling 9-12 credit hours per education year.
3. Continue operation of the family child care for at least an additional six consecutive months after completion of the education year.

Other Information

- Will the *recipient* percentage of tuition and books be paid by a third party? Yes No
- Is your program going through Missouri Accreditation (MOA)? Yes No
- Is your program going through re-accreditation through MOA? Yes No

Print Program Name and License Number		
_____	_____	_____
Print Owner/Applicant Name	Signature of Owner/Applicant	Date

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Monthly Income Worksheet for Family Child Care or Child Care Program Owners

- 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.
- In addition to this completed worksheet, you must send a copy of your most recent Profit/Loss statement (Schedule C) from your tax filing or a paystub if you earn a wage or salary.



<p>1. Amount paid to you by parents each week: _____</p> <p>2. Total Monthly Parent Fees (line 1 multiplied by 4.33): _____</p> <p>3. Child and Adult Care Food Program reimbursement for the same month: _____</p> <p>4. Department of Social Services subsidy for children in your care for the same month: _____</p> <p>5. Total Monthly Revenue (add lines 2-4): _____</p>
<p>How much did you spend on the children in your child care business for the same month?</p> <p>6. Food: _____</p> <p>7. Toys: _____</p> <p>8. Assistant/Substitute Care or Staffing: _____</p> <p>9. Crafts/Supplies/Materials: _____</p> <p>10. Transportation: _____</p> <p>11. Training and Professional Development: _____</p> <p>12. Gifts for Children/Families: _____</p> <p>13. Other Expenses (specify) _____:</p> <p>14. Total Monthly Expenses (add lines 6-13): _____</p>
<p>15. TOTAL MONTHLY EARNINGS (subtract line 14 from line 5): _____</p>

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).

Signature of Applicant

Date



Child Care and Early Learning Program Information Form



To be completed by director or owner only. Keep a completed copy for your records.

Mail to: Child Care Aware® of Missouri
1000 Executive Parkway Drive, Suite 103
St. Louis, Missouri 63141

OR Fax to: (314)754-0330 OR Scan and email to: resourcecenter@mo.childcareaware.org

Contact Information

Owner/Director Name: _____ Date: _____

DBA Name: _____

Program Address: _____

City: _____ State: _____ Zip+4: _____ County: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip+4: _____ County: _____

Phone: _____ Fax: _____

Website: _____

Primary Email: _____

Email we can share with families needing child care: _____

Staff Information

Number of full time child care staff: _____

Number of child care staff certified in CPR /First Aid: _____

Languages Spoken in Program other than English: _____

Program Type

- | | |
|--|---|
| <input type="checkbox"/> Center | <input type="checkbox"/> Preschool Program Only |
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Part Time Preschool Program |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> School Age Program Only |
| <input type="checkbox"/> Before/After School Care Program Only | <input type="checkbox"/> Parents Day Out Program Only |

Organization Type

- | | |
|--|---|
| <input type="checkbox"/> For-Profit | <input type="checkbox"/> YMCA |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> YWCA |
| <input type="checkbox"/> National Chain or Franchise | <input type="checkbox"/> United Way Affiliate |
| <input type="checkbox"/> Private School Public School | <input type="checkbox"/> Other Community Based Organization |
| <input type="checkbox"/> Care for Employees or Clients | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> College or University | Religious Affiliation: _____ |

Licensing, Accreditation, and Certifications

- Licensed
 License-Exempt
 Exempt

License #: _____
License Issue Date: _____
License Expiration Date: _____

Accreditation Status:

- | | | |
|--------------------------------|--------------------------------|---|
| <input type="checkbox"/> NAEYC | <input type="checkbox"/> NAA | <input type="checkbox"/> AdvancED |
| <input type="checkbox"/> NAFCC | <input type="checkbox"/> NAEYC | <input type="checkbox"/> CARF |
| <input type="checkbox"/> NECPA | <input type="checkbox"/> COA | <input type="checkbox"/> Not Accredited |

Accreditation Date: _____ Accreditation Expiration Date: _____

Any specific trainings or certifications, please list here: _____

Schedule

Days and Hours of Operation:

Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____
Sunday _____ to _____

Year Schedule:

- Full Year
 School Year Only
 Summer Only

Schedule Options:

- Full time (30+ hours/week)
- Part Time (Less than 30 hours/week)
- Drop-In Care (hourly)
- Before School Care
- After School Care
- Overnight/24 Hour Care
- Open Holidays
- Summer Programs

Are you willing to stay open in emergencies—family emergencies, care for children of first responders, etc.?

- Yes
- No

Ages of Care and Enrollment

Licensed for ages:

_____ months to _____ years

Licensed Capacity: _____

Caring for ages:

_____ months to _____ years

Current Enrollment: _____

Percentage of Children Receiving Subsidy: _____

Cost of Care

	Full Time Weekly	Part Time/Per Day	Hourly
0-12 Months	\$ _____	\$ _____	\$ _____
1 Year Old	\$ _____	\$ _____	\$ _____
2 Years Old	\$ _____	\$ _____	\$ _____
3 Years Old	\$ _____	\$ _____	\$ _____
4 Years Old	\$ _____	\$ _____	\$ _____
5 Years and Older	\$ _____	\$ _____	\$ _____
Before/After School	\$ _____	\$ _____	\$ _____

Other Fees:

Registration: \$ _____

Supplies: \$ _____

Transportation: \$ _____

Other: \$ _____

Please explain: _____

Financial Assistance Available to Families:

- Missouri Child Care Subsidy Program
- Kansas Child Care Subsidy Program
- Illinois Child Care Subsidy Program
- Military Family Assistance
- Multi-Child Discount
- Sliding Fee Scale
- Scholarships Available
- Willing to discuss/adjust fees for some families

About Program

Insurance and Liability Coverage:

- I have liability insurance.

Curriculum:

If using a specific curriculum, please list it here: _____

Environment:

- Indoor Play Area
- Outdoor Play Area
- Fence Around Outdoor Play Area
- Alarm System
- Smoke Free
- Live Video Feed
- Breastfeeding Friendly
- Pets Interact with Children
- Pets Kept Away from Children

Meals Provided:

- Breakfast
- Lunch
- Dinner
- Snacks
- Families Provide Meals

Special Services and Activities:

- Toilet Learning
- Field Trips
- Foreign Language
- Other: _____

Transportation:

- Near Public Transportation
 - Program transports to/from home
 - Program is within walking distance to/from school
 - Program is on school bus route
- If so, list district here: _____

Special Needs and Inclusive Services

- I understand the Americans with Disabilities Act (ADA)
- I am willing to care for mildly sick children
- I am willing to administer medications if family gives permission and proper instruction
- I am willing to discuss specific accommodations with families upon request

I am able to care for children with:

- | | |
|--|---|
| <input type="checkbox"/> Special Diets | <input type="checkbox"/> Food Allergies (peanuts, eggs, soy, etc.) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Topical Allergies (lotions, oils, soaps, etc.) |
| <input type="checkbox"/> Breathing Treatments/Inhalers | <input type="checkbox"/> Environmental Allergies (mold, pollen, dander, etc.) |
| <input type="checkbox"/> Physical Restrictions | |

If you have experience with other special needs, please explain here:

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: _____