

## 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

## Scholarship Application Page 2

### Education Information

Which college in Missouri do you want to attend?

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Are you currently enrolled in courses?  Yes  No

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

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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

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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

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

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

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What is the number living in your household?

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Which languages can you speak fluently?

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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

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

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

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

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

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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

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

Updated June 2019

## Scholarship Application Page 3

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](http://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 Teachers or Directors

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



### Recipient 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. Remain in service at the sponsoring program for at least an additional six consecutive months after the education year.

### Sponsoring Program agrees to:

1. Pay 5% of the cost of tuition and books for 9-12 credit hours per education year.

### Other Information

- Will the *sponsor* percentage of tuition and books be paid by a third party?  Yes  No
- 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 Applicant Name		
_____ Print Sponsoring Program Name and License Number		
_____ Print Owner or Director Name	_____ Signature of Owner or Director	_____ Date

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



# 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](mailto: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: _____                                |

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## 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: \_\_\_\_\_

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## 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

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**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: \_\_\_\_\_

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**Cost of Care**

	<b>Full Time Weekly</b>	<b>Part Time/Per Day</b>	<b>Hourly</b>
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:

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**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: \_\_\_\_\_