

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION (DESE) OFFICE OF CHILDHOOD – AFTERSCHOOL PROGRAM

GRANT READER APPLICATION - COHORT 13 GRANT

INSTRUCTIONS					
Please complete the application below and return to afterschool@dese.mo.gov by Friday, July 28, 2023					
NAME					
ADDRESS					
CITY	STATE		ZIP		
CITY	STATE		Zir		
EMAIL		PHONE		COUNTY	
HIGHEST DEGREE ACHIEVED					
☐ High School ☐ Associate ☐ Bachelor ☐ Master ☐ Other:					
EXPERIENCE AND BACKGROUND					
The DESE will select readers for their expertise in providing effective academic, enrichment, youth development and related					
services to children. Please indicate your experience and background (check all that apply):					
on those to difficult in loads inclinate your expensions and basing out a (onest all that apply).					
□ Educator or Administrator (PK-12; public/private/charter) □ University faculty/administrator □ Parent/parent liaison					
□ Current 21 st CCLC or SAC grantee □ Community leader / representative □ Other:					
Please check all that apply. I have experience and/or an area of expertise in the following areas:					
☐ STEM Activities	☐ Special Educa			Adult Education	
☐ Career Exploration	☐ Character Education Instruction			□ Service-Learning	
☐ Family Literacy Programs	☐ Parental Involvement Activities ☐ Grant Management				
☐ Gifted and Talented Programs	□ Academic Enrichment Programs □ Title I				
☐ Health/Nutrition Instruction	☐ Afterschool Programs ☐ Math Instruction ☐ Cultural (Art. Music, etc.) Activities ☐ Summer Programs				
☐ Reading/Writing/Language Arts Instruction☐ Youth Development	□ Cultural (Art, Music, etc.) Activities □ Summer Programs □ Drug/Violence Prevention Programs □ Tutoring				
☐ Homework Help	☐ Technology Instruction/Activities				
Testinology instituction/notivities					
Check the level(s) at which you have experience and then select the number of years' experience you have at all levels					
combined.					
□ Early Childhood/Preschool □ Elementary □ Middle School □ High School □ Afterschool/Summer Programs					
Number of years					
Number of years □0-2 □3-5 □6-10 □11-15 □15+					
Have you previously served as a grant reader for Missouri 21 st CCLC? □Yes □No If yes, when?					
Please check all days and times you are available (must be available at least the equivalent of two full days-priority will be					
given to those able to serve the most)					
☐ Monday ☐ Morning		□ Afternoon	□ Ful	Il Day (8:30 am - 5:00 pm)	
☐ Tuesday ☐ Morning		☐ Afternoon		Il Day (8:30 am - 5:00 pm)	
□ Wednesday □ Morning				ll Day (8:30 am - 5:00 pm)	
☐ Thursday ☐ Morning (8:0	0 am - 12:00 pm)			. ,	
You will need bring your own laptop in order to read the electronic applications. Will you be able to bring your laptop?					
Priority given to those who do as we do not have laptops to provide.					
□ Yes □ No					
Do you wish to receive a daily stipend for reading grants? □Yes □No					
Is there any additional information you would like for us to know as we consider your application to review 21st CCLC grant					
applications?					
SIGNATURE		DATE			

NONDISCRIMINATION:

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