

MONTESSORI TEACHER ACADEMY APPLICATION FOR ADMISSION

MAILING ADDRESS:

IU South Bend Extended Learning Services
P.O. Box 7111
South Bend, IN 46634-7111
574/520-4261
Fax 574/520-4428 (24 hours)

OFFICE USE ONLY:

_____ Application Fee
_____ Reference
_____ Transcript
_____ Essay
_____ Resume

PLEASE PRINT OR TYPE

I am applying for certification summer phase only Date: _____

PERSONAL INFORMATION

Name _____
Last First Middle/Maiden

Preferred First Name _____ Social Security No. _____

Date of Birth _____ Place of Birth _____ Citizenship Status _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ E-Mail _____

Special talents, hobbies _____

Person to notify in emergency _____
Name Daytime Phone Evening Phone

EDUCATIONAL BACKGROUND

High School _____ Location _____ Year Graduated _____

College _____ Dates Attended _____ Major _____ Degree _____ Year _____

Graduate School _____ Dates Attended _____ Major _____ Degree _____ Year _____

EXPERIENCE (Complete if Applicable)

Business

Present Employer _____ Title _____

Address _____ Dates Employed _____

Montessori Certification

School _____ Certification Level _____ Year _____

State Teaching Certification

Certificate # _____ Issuing State _____ Year _____

Teaching Experience (most recent)

School _____ Location _____ Level _____ Years _____

References Provide three references (excluding relatives), their position, title or relationship to you, and their phone numbers. **Contact these people and ask them to send letters of recommendation.**

	Name	Position, Title or Relationship	Business phone
1.	_____	_____	(____) _____
2.	_____	_____	(____) _____
3.	_____	_____	(____) _____

Student Teaching Have you chosen a student teaching site? _____ yes _____ no _____ I am interested in academic credit for this program. If yes, list school name, address, and phone number

Is this school an AMS affiliate? _____ yes _____ no

Name of supervising teacher _____

Is he/ she: _____ AMS certified _____ AMI _____ St. Nicholas

If you do not have a site, do you need assistance choosing a site? _____ yes _____ no

If yes, where? _____

General Information

If you are disabled and require accommodations, please explain here _____

Where did you hear about the Montessori Teacher Academy? _____

I was recommended by _____

Are you interested in housing accommodations? _____ yes _____ no

Essay Please submit a brief essay (not to exceed 350 words) describing why you want to be a Montessori teacher. Attach to this application.

NOTE: The required \$200 application fee must accompany this application in order to be considered.

Method of payment: _____ Check or money order (enclosed). DO NOT MAIL CASH.
OR _____ VISA _____ MasterCard _____ Discover

Credit Card Number _____ Exp. Date _____

Signature _____

Make checks payable to IU South Bend Extended Learning Services

Mail application and fees to IU South Bend Extended Learning Services, 1700 Mishawaka Avenue, Box 7111, South Bend, IN 46634-7111

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