

Montessori Center for Teacher Education

10723 NE 38th Pl.
Bellevue, WA 98004
425-822-6233

Application for Admission

| | | |
|----------------------|-------------|-------------------|
| Last Name | First Name | Middle Initial |
| Preferred First name | Maiden Name | Social Security # |
| Street Address | Apt. # | |
| City | State | Zip Code |
| Phone | Cell | Email |
| Date of Birth | Citizenship | |

For government statistical purposes please indicate all that describe your background

- White/Caucasian
- Black/African American
- American Indian or Alaskan Native
- Asian
- Hawaiian Native or Pacific Islander
- Multiracial
- Other

Educational Background:

| | | | |
|------------------------------------|-----------------|------------|----------------|
| High School | Graduation Date | City/State | |
| College | Dates Attended | City/State | Diploma/Date |
| College | Dates Attended | City/State | Diploma/Date |
| College - Advanced Degree(s) | Date(s) | City/State | Degree(s) |
| Montessori Credential(s) | Date(s) | Level(s) | Institution(s) |
| Teaching Credentials/Other Studies | | | |

Employment Background:

| | | | |
|-------------------|----------|------|----|
| Current Employer | Position | From | To |
| Previous Employer | Position | From | To |

Experience with Children:

| | | | |
|---------------------------------|----------|------|----|
| School | Position | From | To |
| Other Experiences with Children | | | |

References: List the individuals who you have requested to write references for you

| | | |
|------|----------------|---------------------------|
| Name | Position/Title | Relationship to Applicant |
| Name | Position/Title | Relationship to Applicant |

Practicum:

Have you made arrangements for a Practicum site? **No** (Notify us when you do)
Yes (fill out the following)

| | | | |
|-----------------------|---------------------|-------------------------------|-----|
| Practicum School Name | Supervising Teacher | | |
| School Administrator | Phone | | |
| School Address | City | State | Zip |
| Fax | Email | School Montessori Affiliation | |

THE FOLLOWING MUST BE INCLUDED WITH APPLICATION:

1. \$250 application fee, \$350 after July 30th, and \$450 after September 1st. (Checks Payable to MCTE).
2. Two (2) written personal or professional reference letters, not including relatives.
3. Written paragraph describing how you became interested in Montessori education, why you would like to become a Montessori professional and why you chose the Montessori Center for Teacher Education.
4. Two letters of reference and an official copy of college transcripts from your most recent institution or high school diploma if you do not have a degree. If your transcripts are from outside the U.S. they must eventually be evaluated by a U.S. equivalency evaluation service. Contact Foundation for International Services for a form and instructions. www.fis-web.com or 425-248-2255.

Transcript from most recent educational experience must be received by Montessori Center for Teacher Education for certification.

An additional tuition payment of \$2000 is required in order to receive books and student handbook/syllabus.

I authorize Montessori Center for Teacher Education to inquire as to my record of any or all persons and of my former employers.

Signature _____ Date _____

Montessori Center for Teacher Education does not discriminate because of race, creed, color, sex, age, national origin, sexual orientation or physical differences.

Thank you for your interest!