CAMBRIDGE MONTESSORI INSTITUTE

APPLICATION FOR ADMISSION

Infant & Toddler Training Program (Summer 2017)

Full Name: _____
First Middle Last

Mailing Address: _____

_____

Best Phone: _____ Phone 2 (optional): _____

E-mail Address: _____

Date of Birth: _____
Month/Day/Year

Education:

High School _____ Year of Completion _____

College/University _____ Year of Graduation _____

Degree _____

College/University _____ Year of Graduation _____

Degree _____

College/University _____ Year of Graduation _____

Degree _____

Montessori Credential _____ Training Center _____
(Please also submit a copy of your credential)

Other _____

Application is not complete without the following:

1. Curriculum vitae / Resume
2. Two recent passport-sized photographs
3. A $100 (by May 1) or $200 application fee (USD). Checks should be payable to Cambridge Montessori School
4. Three signed reference letters (mail or email)
5. Official transcripts from all post-high school institutions attended.
6. Signed practicum site agreement
7. 1-2 paragraph answers to each of the following questions:
   a) Why do you want to take this training course?
   b) What are your interests and skills? What specific qualifications do you bring to this work?
   c) Describe your experience with children. Do you have any experience with children in the age range you wish to study? If so, explain.
   d) How do you intend to use your Montessori training? How will your training further your professional goals?
8. Non-Native Speakers of English: TOEFL Scores w/ minimum score of 550

_____
Signature Date

CAMBRIDGE MONTESSORI INSTITUTE

RECOMMENDATION FORM

To the applicant:
Please complete the following section and then forward this form to the individual who will be providing your reference. To expedite the processing of your application, you may wish to include an envelope that is already stamped and addressed to CMI and ask that the reference be sent directly to the school by the individual providing it.

We also accept signed reference letters via email at cmi@cambridgemontessori.org.

Full Name: _____
First Middle Last

Mailing Address: _____

_____

I hereby release the Cambridge Montessori Institute and its employees from liability in connection with investigating and evaluating my application. I further release from liability all parties providing information in good faith concerning my qualifications in connection with my application.

_____
Signature Date

To the individual providing the reference:
The person named above is applying for admission to the Cambridge Montessori Institute's teacher training program. The admissions committee finds candid evaluations helpful in choosing the most highly qualified candidates.

Please provide your opinion of the applicant. Describe how long and in what capacity you have known her or him. We appreciate your estimation of the applicant's aptitude for graduate study. Please include remarks about scholastic achievement, character and promise of professional success. Any comments on the applicant's ability to work independently in a challenging environment or under stressful conditions would be helpful. If you have knowledge of the applicant's work with young children, please comment. You are invited to attach your letter of recommendation to this form. Please print clearly if writing your recommendation by hand.

Notice about confidentiality: Under public law 93-380, the Family Educational Rights and Privacy Act, applicants for admission do not have access to their records unless and until they enroll at the Cambridge Montessori Institute. To ensure confidentiality of information within the spirit of the law, the school will use this form for the purpose of admission only. Your comments are valuable. The appraisal of the applicant will greatly assist the Admissions Committee in reaching a decision in her/his best interest.

Name of Reference: _____

Company: _____ Title/Position: _____

Address: _____

_____

Phone: _____ Email: _____