



| Office Use Only    |       |
|--------------------|-------|
| Application Fee    | _____ |
| Deposit            | _____ |
| Statement          | _____ |
| References (3)     | _____ |
| Transcripts        | _____ |
| Reading Assessment | _____ |

## APPLICATION FOR ADMISSION

### APPLICATION Information

|                               |                                 |                               |
|-------------------------------|---------------------------------|-------------------------------|
| Program you are applying for: | Infant/Toddler Program _____    | Early Childhood Program _____ |
|                               | Summer Intensive Schedule _____ | Yearlong Schedule _____       |

### STUDENT Information

|                        |  |                   |                 |        |
|------------------------|--|-------------------|-----------------|--------|
| Name:                  | _____  |                   |                 |        |
|                        | Last   | First             | MI              | Maiden |
| Address:               | _____  |                   |                 |        |
|                        | Street   |                   | City, State Zip |        |
| Contact Info:          | _____  |                   |                 |        |
|                        | Home #   | Cell#             | Email           |        |
| Personal Info:         | _____  |                   |                 |        |
|                        | DOB (dd/mm/yyyy)                                 | Social Security # | Marital Status  |        |
| Education:             | _____  |                   |                 |        |
|                        | High School Name                                 | City, State       | Graduation Date |        |
|                        | College  | Degree/ Major     | Graduation Date |        |
|                        | Graduate School                                  | Degree/ Major     | Graduation Date |        |
| Previous Certification | Yes _____ No _____ If Yes, Name of Program _____ |                   |                 |        |
|                        | Program AMS Membership # _____                   |                   |                 |        |

**Two official transcripts from degree granting colleges must be sent directly to the MITE address. If no college degree, an official high school transcript must be submitted.**

## STUDENT EMPLOYMENT Information

|  |                   |                 |             |
|--|-------------------|-----------------|-------------|
| Employment Experience  | _____             |                 |             |
|  | Current Employer  | Position/Title  | Start Date  |
| _____  |                   |                 |             |
|  | Previous Employer | Position/ Title | From/ To    |
| Teaching Experience (References (Please list 3 people as references))  | _____             |                 |             |
|  | Name              | Position/Title  | Telephone # |
|  | _____             |                 |             |
|  | Name              | Position/Title  | Telephone # |
| _____  |                   |                 |             |
|  | Name              | Position/Title  | Telephone # |
| <p><b>You must contact each of the above individuals and request a letter of reference to be sent directly to the MITE address</b></p> |                   |                 |             |

## PRACTICUM Information

|  |                       |                                    |            |
|--|-----------------------|------------------------------------|------------|
| <p>Have you made arrangements for a Practicum Site?      Yes _____      No _____</p> <p>If No, would you like assistance with finding a site?      Yes _____      No _____</p> <p>Are you interested in a self-directed practicum?      Yes _____      No _____</p> <p>What is your locale preference? _____</p> |                       |                                    |            |
| Practicum Site Info  | _____                 |                                    |            |
|  | Practicum School Name | Supervising Teacher                |            |
| _____  |                       |                                    |            |
|  | Street Address        | City                               | State, Zip |
| _____  |                       |                                    |            |
|  | Telephone #           | School Affiliation (AMS/AMI/Other) |            |

|  |  |
|--|--|
| <b>Personal Statement:</b>                 | On a separate page, please type (minimum one page, 12-font, double-spaced) your personal statement, explaining your interest in Montessori education and why you want to join the Montessori professional community. |
| <b>Enclose with this application form:</b> | <p><b>\$150 Non-refundable Application Fee</b></p> <p><b>\$500 Non-refundable Deposit</b></p> <p><i>Please make your check payable to: <b>Montessori Institute of Teacher Education</b></i></p>                      |
| Submit application to:                     | MITE, 1385 Birmingham Road, West Chester, PA 19382   |
| Contact Information:                       | <p><b>Tel</b> 610.399.6699</p> <p><b>Web</b> <a href="https://sites.google.com/view/mitedu/home">https://sites.google.com/view/mitedu/home</a></p>   |

|   |           |      |
|---|-----------|------|
| Please sign here to complete your application | Signature | Date |
|---|-----------|------|