



AMERICAN MONTESSORI SOCIETY®
education that transforms lives

AMS Teacher Education Scholarship Application 2019 – 2020 Academic Year

AMS provides partial scholarships for adult learners newly accepted into, or already enrolled in, an AMS-affiliated teacher education program. Applicants are considered on the basis of official verification of acceptance the program, financial need, a compelling personal statement, and three letters of recommendation.

In order to be considered for a scholarship award, completed application packets (including all enclosures) must be received by **May 1, 2019**. Incomplete applications are unable to be considered for a scholarship award. Scholarship recipients will be informed by email by the end of **May 2019**.

Send your application packet via postal mail to:

American Montessori Society
ATTN: Sophia Zamudio
116 E 16th St, 6th Floor
New York, NY 10003

Include these items, in this order, in a single envelope. Include **2 sets**: an original set (stapled) and a copy (stapled). Be sure to make a copy for yourself.

1. Applicant information
2. Personal statement
3. Verification of TEP acceptance
4. Financial statement
5. 2018 Income Tax Form
6. Three letters of recommendation

Please fill in all information on this PDF form prior to printing – applications that are handwritten (other than signatures) are **unable to be accepted**.

All information provided in your application will be treated as confidential and used solely for the purpose of selecting scholarship recipients for the 2019 – 2020 academic year.



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Teacher Education Scholarship Application: 2019 – 2020 Academic Year
Applicant Information

Name: Last, First, Middle Initial

Address: Street, City, State or Province, ZIP or Postal Code, Country

Email

Daytime Phone

Have you previously applied for an AMS TE scholarship? Yes No If yes, what year? _____

How did you learn about AMS teacher education scholarships?

- AMS website Montessori school Teacher education program
 Other scholarship websites Other – describe: _____

This scholarship application is for a teacher education program (check one):

- to which I am newly applying. in which I am already enrolled.

Course level:

- Infant & Toddler (0 – 3) Early Childhood (2.5 – 6) Elementary I (6 – 9)
 Elementary II (9 – 12) Elementary I – II (6 – 12) Secondary I (12 – 15)
 Secondary I-II (12 – 18)

Montessori credentials you currently hold, along with issuing organization (AMS or Other)

- | | | |
|-------------------------------------|------------------------------|--|
| <input type="checkbox"/> I&T | <input type="checkbox"/> AMS | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> EC | <input type="checkbox"/> AMS | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> EI | <input type="checkbox"/> AMS | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> EII | <input type="checkbox"/> AMS | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> EI – II | <input type="checkbox"/> AMS | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> SEC I | <input type="checkbox"/> AMS | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> SEC I – II | <input type="checkbox"/> AMS | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> ADMIN | <input type="checkbox"/> AMS | <input type="checkbox"/> Other (explain) _____ |

By signing here, I attest that all the information I have provided on this page is true.

Applicant's signature:

Date:



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Teacher Education Scholarship Application: 2019 – 2020 Academic Year
Personal Statement

Write a compelling personal statement (max. 1,000 words) explaining your reasons for requesting financial assistance. Be sure to include the following:

- Explanation of your financial need
- Why you have chosen Montessori education as a career
- What you hope to offer children and their families as an outcome of your studies in an AMS-affiliated teacher education program
- A description of yourself as the teacher you wish to be

Please print and attach your completed personal statement to this page.



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Verification of Acceptance

To be completed by applicant:

In order to qualify for an AMS teacher education scholarship, the applicant must be accepted into (or enrolled in) an AMS-affiliated teacher education program prior to submission of the scholarship application. The program director’s signature below verifies that you have met this requirement. This page should be included with the rest of your application submission to AMS, as time permits. If mailed separately by the teacher education program director, the separate mailing must be received by **May 1, 2019**.

Name: Last, First, Middle Initial

Name of AMS-affiliated teacher education program:

Program director’s name:

Program director’s email address:

To be completed by teacher education program director:

Your signature at the bottom of this page verifies that the applicant identified below has been accepted into (or is already enrolled in) your AMS-affiliated teacher education program. Following completion of the requested information, this page should be returned to the applicant to be included with their application packet, as time permits. In the event that extenuating circumstances prevent timely return of this page to the applicant, please ensure that this page is mailed to the AMS office directly and received by **May 1, 2019**.

The above-named individual has been accepted into, or is currently enrolled in the _____ course level at this AMS-affiliated teacher education program.

The academic phase for this cohort will begin (or has begun) ____/____ (mo/yr).

For new adult learners: What is the amount of the full tuition for the course level this adult learner will attend? Please list tuition only; do not include other expenses. \$ _____

For currently-enrolled adult learners: What is the remaining balance due for this adult learner’s tuition? Please list tuition only; do not include other expenses. \$ _____

Program director’s signature:

Date:



Teacher Education Scholarship Application: 2019 – 2020 Academic Year
Financial Statement

Please attach a signed and dated copy of your 2018 income tax return.

- If you used IRS Form 1040 or 1040-A, include only pages one and two of the return. If you used IRS 1040EZ, include only page one of the return.
- For international applicants, please include equivalent documentation of income. Please also provide the financial information on the next pages in USD, and include the conversion rate at the time of your application’s submission in the space provided.

Please complete all information below. If income and/or expense is unknown, please provide your best estimate. If an item does not apply to you, please fill in “N/A” – avoid leaving blank spaces if possible, to ensure no items are missed.

Financial dependency status:

Dependent on parents Dependent on spouse/partner Not dependent

<u>Annual Income and Expenses</u>	<u>Last Year Actual 2018</u>	<u>Estimate Current Year 2019</u>	<u>Estimated Next Year 2020</u>
Salary and Wage (Indicate: I-Individual; J-Joint)			
Dividend/Interest Income			
Alimony Received			
Non-profit from business/farm/other			
Other taxable income			
Total IRS allowable deductions			
Non-taxable income: child support received			
Non-taxable income: social security benefits			
Other non-taxable income (Itemize attachment)			
IRA total itemized deduction (IRS Schedule A)			
Self-employment tax paid			xxxxxxx
Total state and other taxes paid			xxxxxxx
Total medical, dental expenses			xxxxxxx
(Not covered by insurance)			xxxxxxx
Unusual expenses (itemize attachment)			xxxxxxx
<u>Assets and Liabilities</u>			
Home equity			xxxxxxx
Other real estate equity			xxxxxxx
Car _____ (market value minus debt)			xxxxxxx
Bank accounts (total savings and checking)			xxxxxxx
Other investments (net value)			xxxxxxx

Indebtedness (medical, disaster, etc., not including home, car or consumer)			
Indebtedness (consumer charge cards)			XXXXXXX
Rent or mortgage payments			
Employment-related child-care expenses			
Face value of life insurance policies			XXXXXXX

School sponsorship:

Are you currently employed by a Montessori school? Yes No

Will a school or organization be providing financial support for your enrollment in an AMS-affiliated teacher education program? Yes No

If yes, please specify items for which assistance will be provided, and the dollar amount for each:

Item	Estimate \$\$ amount of expense	Amount to be paid by sponsoring school/organization
Tuition		
Materials		
Books		
Room and Board		
Travel		
Other		
TOTAL		

Would your school consider a matching scholarship grant with AMS for you? Yes No

If yes, what is the dollar amount that your school would be willing to match? \$ _____

Scholarship request:

What is the amount of scholarship assistance that you are requesting from AMS? \$ _____

(AMS scholarship awards can only be used towards tuition, and cannot cover the full amount.)

What is the total cost of tuition for the teacher education program in which you are enrolling/enrolled (from Section 3 of this application)? \$ _____

Excluding tuition, please provide an estimate of your other related expenses (e.g. books, materials, travel, room & board, etc.): \$ _____

International applicants only: The currency exchange rate on the date submitted is: _____

Verification of information: I declare that the financial information reported on this form, to the best of my knowledge and belief, is true, correct and complete. I authorize its use by the AMS Scholarship Committee, and the Committee has my permission to verify the information reported.

Applicant's signature: _____

Date: _____



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Recommendations and References

As part of the scholarship application process, three letters of recommendation must be submitted on your behalf. These letters must be written specifically for the AMS teacher education scholarship application, and should come from multiple sources (e.g. previous employers, current employers, community leaders, etc.). Avoid having all three letters of recommendation come from the same school (or coworkers in the same school community), or from family members. Letters should include information about your capabilities working with children at the age range for which you are seeking a credential, and reasons why you should be a recipient of an AMS scholarship.

To ensure that all parts of your application are received by AMS, it is **strongly encouraged** that your recommendations are submitted with the rest of your application, in individual sealed envelopes signed by the letter-writers. If this is not possible, recommendations can be mailed in to the AMS office directly by the letter-writer; however **it is the applicant’s responsibility to ensure that all three letters are received prior to the application deadline.** All three letters are required in order for your application to be considered complete.

Please list below the names of three individuals who are recommending you for scholarship eligibility to AMS.

<hr/>		
Name:	Position/Title:	Date:
<hr/>		
Name:	Position/Title:	Date:
<hr/>		
Name:	Position/Title:	Date:

The American Montessori Society is committed to the principle of equal opportunity in education. AMS does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, veteran status, ancestry, national or ethnic origin, or any other classification protected by applicable law in the administration of its scholarship programs, and other AMS administered programs and activities.