



AMERICAN MONTESSORI SOCIETY®
education that transforms lives

AMS Teacher Education Scholarship Application 2024 – 2025 Academic Year

AMS provides partial scholarships for adult learners newly accepted into, or already enrolled in, an AMS-affiliated teacher education program. These scholarships were established to support the increase of the number of credentialed classroom teachers, and are, consequently, intended for applicants working towards a Montessori teaching credential. 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 **online** applications (including all enclosures) must be received by **April 19, 2024 at 11:59 pm (ET)**. Incomplete applications are unable to be considered for a scholarship award. Scholarship recipients will be informed by email by the second week of June 2024.

Once started, this online application cannot be saved, so please have the following documents prepared before you begin:

- 1. Applicant information**
- 2. Personal statement**
- 3. Verification of TEP acceptance**
- 4. Financial statement**
- 5. 2021 Income Tax Form**
- 6. Three letters of recommendation**

All information provided in your application will be treated as confidential and used solely for the purpose of selecting scholarship recipients for the 2024–2025 academic year.

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.



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Teacher Education Scholarship Application: 2024 – 2025 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 received an AMSTE 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 and accepted. 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"/> SECI | <input type="checkbox"/> AMS | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> SECI–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: 2024 – 2025 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, and what your career plans are as they relate to Montessori education
- A description of your experience working with children in a structured setting
- Describe your connection with a Montessori community
- Describe yourself as the teacher you wish to be

Please save your personal statement as a pdf document entitled "Applicant Name - Personal Statement" and upload it.



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Teacher Education Scholarship Application: 2024 – 2025 Academic Year
Verification of TEP 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 electronic or scanned signature below verifies that you have met this requirement. Fill out the first half of this page and then send it to the director of your teacher education program to complete. **This page must be emailed by the teacher education program director to the AMS TE office (tes@amshq.org) by 11:59 PM (ET) on April 19, 2024.**

Applicant 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 above 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 emailed to tes@amshq.org directly and received by **April 19, 2024, at 11:59 PM (ET)**.

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: 2024 – 2025 Academic Year
Financial Statement

Please attach a signed and dated copy of your **2023** 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. **Please redact your Social Security number and date of birth on your tax return before uploading.**
- 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 2023</u>	<u>Estimate Current Year 2024</u>	<u>Estimated Next Year 2025</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			XXXXXX
Total state and other taxes paid			XXXXXX
Total medical, dental expenses			XXXXXX
(Not covered by insurance)			XXXXXX
Unusual expenses (itemize attachment)			XXXXXX
<u>Assets and Liabilities</u>			
Home equity			XXXXXX
Other real estate equity			XXXXXX
Car _____ (market value minus debt)			XXXXXX
Bank accounts (total savings and checking)			XXXXXX
Other investments (net value)			XXXXXX

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. At least one reference should speak to your experience working with children.

Please list below the names of three individuals who are recommending you for scholarship eligibility to AMS and upload their recommendations (in pdf format) below.

Name:	Position/Title:	Date:
Name:	Position/Title:	Date:
Name:	Position/Title:	Date: