



**AMERICAN MONTESSORI SOCIETY®**  
education that transforms lives

**Teacher Education Scholarship Application: 2022 – 2023 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](mailto:tes@amshq.org)) by 11:59 PM (ET) on April 19, 2022.

**Applicant Name:** Last, First, Middle Initial

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**Name of AMS-affiliated teacher education program:**

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**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](mailto:tes@amshq.org) directly and received by **April 19, 2022, 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:**