



FOR OFFICE USE ONLY

- Application
- Financial Information
- Personal Statement
- Recommendations
- Director Signature

AMS 2008 – 2009 Teacher Education Scholarship Application

- MUST BE POSTMARKED BY MAY 1, 2008 -

I. CONFIDENTIALITY All information provided in this application is confidential and used solely for the purpose of selecting the scholarship recipient.

II. APPLICANT (Print or type)

Name Date

Home Address

City State Zip Country

Phone (day) Phone (evening) E-mail

III. Course in Which You are Enrolling

- Infant & Toddler 2.5 - 6 6 - 9 6 - 12 9 - 12 12 - 15 15 - 18 Administrator

Montessori Credentials You Currently Hold

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Infant & Toddler | <input type="checkbox"/> AMS <input type="checkbox"/> Other | <input type="checkbox"/> Elementary I - II (6 – 12) | <input type="checkbox"/> AMS <input type="checkbox"/> Other |
| <input type="checkbox"/> Early Childhood (2.5 – 6) | <input type="checkbox"/> AMS <input type="checkbox"/> Other | <input type="checkbox"/> Secondary I (12 – 15) | <input type="checkbox"/> AMS <input type="checkbox"/> Other |
| <input type="checkbox"/> Elementary I (6 – 9) | <input type="checkbox"/> AMS <input type="checkbox"/> Other | <input type="checkbox"/> Secondary II (15 – 18) | <input type="checkbox"/> AMS <input type="checkbox"/> Other |
| <input type="checkbox"/> Elementary II (9 – 12) | <input type="checkbox"/> AMS <input type="checkbox"/> Other | <input type="checkbox"/> Administrator | <input type="checkbox"/> AMS <input type="checkbox"/> Other |

IV. FINANCIAL STATEMENT The Financial Statement should reflect accurately, your financial status. **A signed and dated copy of the most recent income tax return** is required for consideration of scholarship assistance. International applicants must report financial information in their own currency, including the exchange rate on the date of submission and U.S. currency.

Financial Dependency

- Dependent on parent(s) Dependent on spouse/partner Not dependent

If dependent: complete the following information on person(s) providing financial support.

Name _____ Relationship to You _____

Address _____

City, State _____ Zip _____ Country _____

V. PERSONAL STATEMENT

Write a compelling, personal statement explaining reasons for requesting financial assistance. The following points should be included in the personal statement within the context of the age range you expect to study:

1. An explanation of your financial need
2. Why you want to become a Montessori teacher
3. The role of the teacher, and how you perceive yourself in that role
4. Satisfactions you believe teaching has to offer
5. A description of yourself as someone able to relate in developmentally appropriate, caring ways to children/students, including ways in which a teacher builds relationships
6. Your view of age appropriate, meaningful activity for those in your classroom.

VI. RECOMMENDATIONS List below the names of three individuals who will *specifically recommend you* for scholarship eligibility, including evidence of your suitability to work with children of the age range of your choice, and reasons why you should be a recipient of AMS assistance. **RECOMMENDATIONS FOR TEACHER EDUCATION PROGRAM ENROLLMENT ARE NOT CONSIDERED. It is *your* responsibility to ensure all application materials including letters of reference are postmarked by May 1, 2008.**

<u>NAME</u>	<u>POSITION/TITLE</u>	<u>RELATIONSHIP TO YOU</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

VII. AMS TEACHER EDUCATION PROGRAM Applicants must have been accepted into an AMS Teacher Education Program prior to consideration for an AMS scholarship. Program director’s signature below verifies the applicant's acceptance into the teacher education program. To the extent that the director knows the applicant, personal recommendations may be explained. Information regarding tuition assistance provided by the program should be explicit. It is the applicant's responsibility to assure that all recommendations and other scholarship information are postmarked by May 1, 2008.

_____ Name of AMS Teacher Education Program		_____ Phone	
_____ Program Director Signature to Verify Acceptance in Teacher Education Program		_____ E-mail	
_____ Address			
_____ City	_____ State	_____ Zip	_____ Country

VIII. TRUTHFULNESS OF INFORMATION

The applicant attests that all information contained herein is true.

_____ Signature of Applicant	_____ Date
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The Scholarship Fund was established in 1988, through contributions in memory of **HENRY H. SWEET**. In 2002, support was continued in memory of **BESSIE S. SWEET**.

AMS TEACHER EDUCATION SCHOLARSHIP: FINANCIAL STATEMENT

Annual Income and Expenses	LAST YEAR	CURRENT YEAR	NEXT YEAR BUDGET
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			XXXXXXXX
Total state and other taxes paid			XXXXXXXX
Total medical, dental expenses (Not covered by insurance)			XXXXXXXX
Unusual Expenses (Itemize attachment)			XXXXXXXX
<i>A copy of your latest income tax return must be included.</i>			
Assets and Liabilities			
Home Equity			XXXXXXXX
Other Real Estate Equity			XXXXXXXX
Car _____ (market value minus debt)			XXXXXXXX
Bank accounts (total savings and checking)			XXXXXXXX
Other investments (net value)			XXXXXXXX
Indebtedness (medical, disaster, etc., not including home, car or consumer)			
Indebtedness (consumer charge cards)			XXXXXXXX
Rent or mortgage payments			
Employment-related child-care expenses			
Face value of life insurance policies			XXXXXXXX

SCHOLARSHIP REQUEST

Amount of assistance requested: \$ _____

Cost of tuition: \$ _____

Year in which academic phase begins: _____

International Applicants:

- Must complete this form in U.S. currency. If income tax is not required, equivalent records and documentation must be submitted. Conversion rate in US dollars must be supplied by applicant at time of submission.
- The currency exchange rate on the date submitted is: _____

I declare that the 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.

Name (Print) _____

Signature _____ **Date** _____