



TEACHER EDUCATION 2010 – 2011 SCHOLARSHIP GUIDELINES

I. APPLICATION PROCESS

Applicants complete two sets of materials and send to:

**The American Montessori Society
281 Park Avenue South
New York, NY 10010
Attn: Connie Murphy**

A complete set of application materials includes the following, and should be organized in this order:

- a) Application Form
 - b) Personal Statement
 - c) Financial Statement and appropriate Tax Form
 - d) Three Original Letters of Recommendation
 - e) Verification of TEP Acceptance
1. Please send no additional information.
 2. Applications should be dated only for the year 2010-2011. Others are not considered.
 3. Application materials should be clipped together. No staples, no additional binders.
 4. **All applications must be postmarked by May 1, 2010** and become the property of the American Montessori Society Teacher Education Scholarship Fund.

II. SCHOLARSHIP COMMITTEE LEADERSHIP

Connie Murphy, Scholarship Chairperson
Heidi Larson, Teachers Section Chairperson, AMS Board of Directors

III. SELECTION CRITERIA

1. Any aspiring Montessori teacher is eligible to apply for an AMS Teacher Education Scholarship, if the applicant has been accepted or is in process of acceptance by an affiliated AMS teacher education program.
2. Applicants currently enrolled in an AMS teacher education program are ineligible.
3. Applicants are considered on the basis of financial need, a compelling personal statement, three letters of recommendation, and official verification of acceptance into an AMS Teacher Education Program.
4. AMS Scholarships are granted for tuition only. Expenses are not included.
5. Assistance is forwarded to the teacher education program in which the applicant is enrolled.
6. If a scholarship recipient withdraws from the program prior to receiving an AMS credential, unused funds are returned to the AMS Scholarship Fund in accordance with the tuition refund policies of the teacher education program.
7. No applicant is denied consideration of an AMS Scholarship because of gender, race, creed, color, national origin, or sexual orientation.
8. AMS Guidelines are for use by applicants in preparing the application. They are not to accompany the scholarship application.
9. To be considered, applicants are responsible for compiling and sending the completed materials in accordance with printed guidelines.
10. International applicants should follow explicitly the guidelines set forth on the Financial Information page.

IV. SELECTION TIMELINE

Deadline for postmark of applications: **May 1, 2010**
Recipients informed in writing: **May 15, 2010**
All others notified in writing by **May 19, 2010**



FOR OFFICE USE ONLY

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

AMS 2010 – 2011 Teacher Education Scholarship Application

- MUST BE POSTMARKED BY MAY 1, 2010 -

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, 2010.**

<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, 2010.**

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			XXXXXXX
Total state and other taxes paid			XXXXXXX
Total medical, dental expenses			XXXXXXX
(Not covered by insurance)			XXXXXXX
Unusual Expenses (Itemize attachment)			XXXXXXX
<i>A copy of your latest income tax return must be included.</i>			
Assets and Liabilities			
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

Is a school sponsoring your participation in a teacher education program? ___ Yes ___ No

If yes, specify items that are being covered and the amount for each. Total these items.

Sponsorship

Item	Dollar amount of sponsorship
Tuition	
Materials	
Books	
Room and Board	
Travel	
Other	
TOTAL	

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** _____