APPLICATION FOR ADMISSION

REQUIREMENTS

**EARLY CHILDHOOD CERTIFICATION (ages 2½–6):**
- Full Certification requires a bachelor’s degree. Graduates are awarded a Montessori Early Childhood Teaching Certificate.
- Associate Certification requires a high school diploma. Graduates are awarded a Montessori Early Childhood Associate Teaching Certificate.

**ELEMENTARY CERTIFICATION I (ages 6–9):**
- Certification requires:
  - A bachelor’s degree
  - MACTE-accredited Early Childhood Certificate, OR an Age of Montessori Elementary Prerequisite course certificate.

4 Steps To Certification:
1. 8 months online study
2. In-person Summer Residency (locations/dates at [www.ageofmontessori.org](http://www.ageofmontessori.org))
   a. Early Childhood: 2 ½ weeks
   b. Elementary I: 4 weeks
3. 9 months student reaching (Internship/Practicum) at a Montessori school local to you
4. Final Practical Exam

**SCAN / EMAIL / FAX APPLICATION TO:** admissions@ageofmontessori.org

**MAIL APPLICATION TO:**
Admissions
Age of Montessori
301 Evergreen Drive, Suite 100
Bozeman, Montana 59715

**QUESTIONS?** Call (406) 284-2160

---

Age of Montessori does not discriminate on the basis of age, race, gender, religion, sexual orientation, or nationality

Age of Montessori holds accredited status for its Early Childhood Montessori teacher education certification course level from the Montessori Accreditation Council for Teacher Education (MACTE) through the year 2019.
Age of Montessori holds accredited status for its Elementary I-II teacher education certification course level from the Montessori Accreditation Council for Teacher Education (MACTE) through the year 2023.
APPLICATION FOR ADMISSION

Start Date of your chosen course: ________________

Check the boxes of your chosen course:

<table>
<thead>
<tr>
<th>Early Childhood (Primary)</th>
<th>☐ Full Certificate</th>
<th>☐ Associate Certificate (without university degree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary 1</td>
<td>☐ Full Certificate</td>
<td>☐ Yes, I need 6-wk Prerequisite course</td>
</tr>
</tbody>
</table>

PERSONAL INFORMATION

Applicant (Full legal name) ____________________________________________________________

Preferred Name ___________________ Maiden Name __________________________________________

Race: _____ African-American _____ Caucasian _____ Hispanic _____ Other _____ Unknown

Gender: _____ Male _____ Female _____ Choose not to answer

Date of Birth ______/_____/______ Social Security # ________________________________

(month) (day) (year) (U.S. citizens only)

Have you ever been convicted of a felony or misdemeanor? ________________________________

HOME

Street Address ____________________________________________________________

City ___________________________ State/Province ____________________________

Zip/Postal Code _________________ Country _________________________________

Home Phone _____________________ Work Phone ______________________________

Cell Phone _____________________ E-mail _____________________________________
EDUCATION

<table>
<thead>
<tr>
<th>College/School/</th>
<th>Location</th>
<th>Years Attended</th>
<th>Decree / Major / Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WORK EXPERIENCE

List your work experience for the past five years, especially relevant work with children/education, most recent experience first. Attach pages if necessary.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates Employed</th>
<th>Work Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe any other experience working with children, especially Montessori related.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How did you hear about our training program and why are you choosing it?

________________________________________________________________________

INTERNSHIP / PRACTICUM

Complete this section if you have already established an internship/practicum site. (Send later if site has not yet been determined.)

School ________________________________

School Director _________________________

School Director Email __________________

Street Address __________________________ City ____________________________

State/Province _______ Zip/Postal Code _______ Country ______________________

Office Phone __________________________ Office FAX _______________________
ESSAY AND FACE PHOTO

Write at least 300 words in English why you desire training in Montessori education. Use 12-point font on letter-sized paper. Submit the essay with your name on it with this application. Please also submit a simple face photo.

REFERENCES

The AoM Reference form is included here on pg. 8. Copy and complete form, send to two (2) non-relatives to also complete, return to AoM office.

TUITION CONTRACT

Tuition Contract is on the following three pages in this package. Complete and sign the Contract and return to AoM Admissions office.

TRANSCRIPTS

An official transcript (not a copy) of your highest college degree must be sent to Age of Montessori. If you have not attended college, submit an official high school transcript.

TECHNOLOGY REQUIREMENTS

Windows, Macintosh or Linux Computer with high speed internet access, email, word processing, videoconferencing software (Zoom), video camera, current anti-virus software (such as AVG, McAfee or Norton); additional software, obtained free from:

Adobe Acrobat Reader:
http://get.adobe.com/reader/

COMPUTER ABILITIES REQUIRED

- connect to and navigate around the Internet using a browser
- send, receive, and add attachments to emails
- basic word processing
- open, save and manage files
- watch videos
- use video conferencing software (Zoom)

APPLICANT AGREEMENT

I, __________________________[print full name], affirm that all of the information contained in this application is correct and accurate. I understand that intentionally providing false information may constitute fraud, and can result in forfeiture of any monies or tuitions paid, as well as revocation of an awarded Montessori Affiliate certificate.

Signature ___________________________________________ Date __________________________
# Tuition Contract 2019

## Early Childhood Certification

**Online, Residency, and Internship:**

**Tuition:**

Tuition $7,100 + Fees $765 = $7,865

**Check Your Payment Plan:**

- **Plan A**
  - One Payment: $7,865

OR

- **Plan B**
  - Down Payment: $1,700
  - One-time Pmt Plan setup fee: + $300
  - **Total Due When Accepted:** $2,000
  - $391 monthly for 15 months
  (charged on your account on the 15th of each month unless alternate date chosen at the start)

## Elementary 1 Certification

**Online, Residency, and Internship:**

**Tuition:**

Tuition $7,200 + Fees $755 = $7,955

**Check Your Payment Plan:**

- **Plan A**
  - One Payment: $7,955

OR

- **Plan B**
  - Down Payment: $1,700
  - One-time Pmt Plan setup fee: + $300
  - **Total Due When Accepted:** $2,000
  - $397 monthly for 15 months
  (charged on your account on the 15th of each month unless alternate date chosen at the start)

## Elementary 2 Certification

If completed EL 1 with Age of Montessori: **Tuition:** $2,865

Open to students with approved EL1 certification: **Tuition:** $3,865

**Note:** $100 non-refundable application fee required with application.

**Who is Paying?**

- Applicant’s Name: _____________________________

OR

- Sponsoring school’s name: _____________________________

  - School Head/Contact name: _____________________________
  - Phone: _____________________________ E-mail: _____________________________

OR

- Other (Sponsor) Name: _____________________________

  - Relationship to student: _____________________________
  - Phone: _____________________________ E-mail: _____________________________

---

*Copyright ©2019 Age of Montessori, Inc. 501(c)(3)  Appl Pkg Rev. 2019.3.21.1  5*
TUITION CONTRACT AGREEMENT

- A $75 late registration fee will be applied after course start date.
- All funds in U.S. currency. International bank drafts must account for currency differences.
- Once a payment plan is approved, there is a $100 fee for each modification to the plan.
- A $25 fee is assessed for declined or late payments.
- Age of Montessori does not charge interest. Payment Plans require a current credit/debit card on secure file with AoM for the duration of the plan.
- Travel, room and board during in-person Residencies are the responsibility of the student.
- A leave of absence for any reason does not terminate or otherwise postpone tuition payments agreed to under this contract. The sequence of payments must be made as contracted, or the full balance will be due and payable.
- If withdrawing before course begins, we must receive your written request within three days after signing this contract. All tuition paid less a $25 handling fee will be refunded.
- A refund of tuition can be made for withdrawals or dismissals only during the first six weeks of class (see Course Refund Schedule below). After six weeks there is no refund for withdrawal.

COURSE REFUND SCHEDULE:

The following schedule applies for a course withdrawal regardless of reason:

<table>
<thead>
<tr>
<th>Week</th>
<th>Refund Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st week</td>
<td>90%</td>
</tr>
<tr>
<td>2nd week</td>
<td>75%</td>
</tr>
<tr>
<td>3rd week</td>
<td>60%</td>
</tr>
<tr>
<td>4th, 5th, 6th week</td>
<td>30%</td>
</tr>
</tbody>
</table>

Withdrawals or dismissals after the first six weeks of classes will not receive a tuition refund. Adult learners utilizing payment plans are still responsible for the entire tuition.

If unforeseen circumstances require a student to postpone or cancel the Online Study, Residency or Internship, tuition already paid may be held until a later date when the student is able to continue the curriculum.
Credit Card Information

Number ____________________________  Exp. date _______ 3-digit security code _______

Name on card ____________________________________________________________

Billing address _________________________________________________________ Zip/Postal/Code ____________

Phone____________________ Card Holder signature __________________________

By signing below, you agree to this statement:

The information given in this application and tuition agreement form is correct. I understand that if I am accepted in the program I am responsible for the full tuition and agree that payments will be made in a timely manner. I agree to the refund policy in this document. I understand that an unpaid balance may result in termination of enrollment, and/or delay certification upon completion of course requirements. Diplomas are withheld until tuition is paid in full.

Applicant’s Signature_________________________Date ______________________

or

Head of School from sponsoring school (if applicable)

Signature_____________________________Date ______________________

or

Other person responsible for tuition payments (if applicable)

Signature_____________________________Date ______________________
REFERENCE FORM

INSTRUCTIONS:
Make a copy of this form. Complete Section A on both copies. Give one copy to two (2) separate persons to complete for their recommendation.

Mail to: Age of Montessori or scan & email to: admissions@ageofmontessori.com
301 Evergreen Dr., #100
Bozeman, MT 59715

SECTION A -- To be completed by Applicant:
Applicant name: __________________________________________________________
Applicant email: __________________________________________________________
Course applying for: ______________________________________________________
Applicant’s signature: __________________________ Date: ______________________
(by signing, you waive your rights under the Family Education Rights and Privacy Act of 1974 to inspect this document)

SECTION B - To be completed by Recommender:
Recommender name: ______________________________________________________
Address: __________________________________________________________________
Recommender email: __________________________ Phone: ______________________
Title & Institution/Organization: _____________________________________________
1. How long have you known applicant? ____________________________
2. In what capacity? _________________________________________________
3. Use this scale to rate applicant: 5 = Outstanding, 4 = Excellent, 3 = Good, 2 = Fair, 1 = Poor:
   Academics _____ Dependability _____ Motivation _____ Maturity _____
   Ability to: do independent work _____ work w/others _____ problem solve _____
   Spoken English skills _____ Written English skills _____
4. Any concerns regarding applicant’s language skills? (course is in English) _________________
   __________________________________________________________________________
5. Additional comments? Please be specific: _______________________________________
   __________________________________________________________________________