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)
   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/ Training Program</th>
<th>Location</th>
<th>Years Attended</th>
<th>Decree / Major / Certification</th>
</tr>
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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.

Employer | Dates Employed | Work Performed
---|----------------|-----------------|
1.          |                |
2.          |                |
3.          |                |

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

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

____________________________________________________________________________________

INTERNERNSHIP / 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

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adobe Acrobat Reader:</td>
</tr>
<tr>
<td><a href="http://get.adobe.com/reader/">http://get.adobe.com/reader/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPUTER ABILITIES REQUIRED</th>
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<tbody>
<tr>
<td>• connect to and navigate around the Internet using a browser</td>
</tr>
<tr>
<td>• send, receive, and add attachments to emails</td>
</tr>
<tr>
<td>• basic word processing</td>
</tr>
<tr>
<td>• open, save and manage files</td>
</tr>
<tr>
<td>• watch videos</td>
</tr>
<tr>
<td>• use video conferencing software (Zoom)</td>
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</tbody>
</table>

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 __________________________
### Pricing Details

#### Early Childhood Certification

**Online, Residency, and Internship:**

Tuition Pricing:

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

**Check Your Payment Plan:**

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

- **Plan B**
  - Down Payment: $1,700
  - One-time Plan setup fee: + $300
  - **Total Due When Accepted:** $2,000
  - $391 monthly for 15 months

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

#### Elementary 1 Certification

**Online, Residency, and Internship:**

Tuition Pricing:

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

**Check Your Payment Plan:**

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

- **Plan B**
  - Down Payment: $1,700
  - One-time Plan setup fee: + $300
  - **Total Due When Accepted:** $2,000
  - $397 monthly for 15 months

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

#### Elementary 2 Certification

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

Open to students with other approved Lower EL certification: **Tuition:** $4,145

(includes online audit, 3-week summer residency, and AoM EL1 Manuals + EL2 Manuals)

### Who is Paying?

Applicant’s Name: ____________________________________________

AND/OR

Sponsoring school’s name: ______________________________________

School Head/Contact name: _____________________________________

Phone: __________________________ E-mail: _______________________

AND/OR

Other (Sponsor) Name: _________________________________________

Relationship to student: ________________________________________

Phone: __________________________ E-mail: _______________________

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Rev. 2019.8.27
Terms of TUITION CONTRACT

Both student and parties responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to the Admission Office accompanied by the non-refundable Application Fee of $100, which may be done by email with a credit/debit card. A student is accepted for enrollment when the Contract has been delivered to AoM, and the student has been interviewed and notified of acceptance. No amendment to this Contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of Age of Montessori (AoM) Executive Director or Board of Directors. The undersigned agrees to pay the required Tuition for the full curriculum and any additional fees incurred and agrees to be bound by the provisions of this Contract.

Tuition is subject to change without notice. Use of an older Tuition Contract form does not mean older tuitions apply; current tuitions apply in all cases.

AoM is a MACTE-certified organization. All graduates within the U.S. receive MACTE-certified diplomas for certification trainings making the graduate eligible to teach in any Montessori school. International graduates outside the U.S. receive Affiliate Diplomas.

I Understand the Following:

1. As an AOM student, I am choosing to complete college level course content in the curriculum specified in my application.

2. I understand the courses offered to me are part of a pre-defined scope and sequence of the curriculum I desire from AoM and leading to a diploma in ______________________________. I understand that the curriculum content is prescribed in my AoM program. I also understand that I must meet all pre-requisites and other eligibility requirements prior to enrolling in the courses.

3. As a student of AoM, I am subject to the AoM policies and procedures regarding performance, work, academic standing, etc. contained within the Student Handbook. By entering into this contract I agree to comply with the AoM policies, practices, and procedures therein. The Student Handbook includes practices and procedures governing my performance, preparations, payment of fees and other pertinent conduct.

4. It is my responsibility to see that tuition fees and other charges are being paid when they are due. I understand that I am responsible for any non-payment even if fees are being paid by a third party. I agree to pay fees in U.S. currency. International bank drafts must account for currency differences. A late registration fee of $75 shall be applied to the non-refundable application fee as of the course start date.

5. Options for paying TUITION include: Payment in full at the time of enrollment or a prearranged payment plan as listed above with the specified curriculum. Additional payment schedules may be requested and implanted is approved. If a payment plan method is selected, these terms apply for the duration of the plan:
   - There is a $25 fee assessed for each and every declined or late payments.
   - There is a $100 fee for each modification of the Payment Plan.
   - Delays in attendance, hiatus or leave of absence do not affect the ongoing nature of payment plans; all payments are required to be made per the agreed upon plan until tuition is paid. A leave of absence for any reason does not terminate or otherwise postpone tuition payments. The sequence of payments must be made as contracted, or the full balance is due and payable.
• If direct deposit is the payment method (ACH), I agree to set up an automatic monthly date
to be direct-deposited to AoM on the same day each and every month until tuition and fees
are paid in full.
• Age of Montessori does not charge interest for payment plans; however, there is a $300
setup fee for such a plan.
• See Refund Policy and Schedule in the Student Handbook and reprinted below. I agree to
the refund policy referred to in this document.

I stipulate here my preference for payment: _________________________________.

6. In the case of a third party school paying the tuition and fees, I understand that an unpaid
balance may result in temporary or permanent termination of enrollment, and/or delay certification
upon completion of course requirements. Diplomas are withheld until tuition is paid in full. In the case
of Tuition born by a Sponsoring School, diplomas shall be delivered only to the school to be
distributed to Student according to their internal/private terms of employment.

7. During the period of the in-person Residency in the case of certification curriculum, travel,
lodging and meals are my responsibility. In some venues AoM arranges for area college dorm space
that the Student may choose to rent independent of AoM. Customer Service can determine prior to
the period of the Residency if dormitory space will be available.

8. If withdrawing before the start of the course, AoM must receive written request within three
days of signing this contract. All tuition paid less a $25 handling fee will be refunded. After the class
start date, refund is made according to the refund schedule in the Handbook. 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 balance of tuition. After withdrawal and payment of fees
and tuition, student may request admission to a subsequent class start to resume study.

9. This contract is governed by the laws of the State of Montana.

COURSE REFUND SCHEDULE:
A refund of tuition can be made for withdrawals or dismissals after class start only during the
first six weeks of class. After six weeks there is no refund. The following schedule applies for a course
withdrawal regardless of reason:

<p>| | |</p>
<table>
<thead>
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<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>
CREDIT CARD Payment Information

Number ________________________________ Exp. date _____________ 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 Signature ____________________________ Date ______________

Head of School from Sponsoring School (if applicable)

Signature ____________________________ Date ______________

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: ____________________________________________
______________________________________________________________________________