

# MTC A-I Course

## Application for Admission



### Applicant Information

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Mailing address City State Zip Code

\_\_\_\_\_  
email address home phone mobile phone

\_\_\_\_\_  
Last 4 digits of your Social Security Number

\_\_\_\_\_  
Marital Status: Spouse's name:

\_\_\_\_\_  
No. of children: Ages:

### **EDUCATION:**

\_\_\_\_\_  
Colleges:

\_\_\_\_\_  
Major: Minor:

\_\_\_\_\_  
Dates Attended: Degree:

\_\_\_\_\_  
Major: Minor:

\_\_\_\_\_  
Dates Attended: Degree:

### **TEACHING AND OTHER EMPLOYMENT EXPERIENCE:**

\_\_\_\_\_  
EMPLOYER:

\_\_\_\_\_  
Length of employment: Position

\_\_\_\_\_  
Address:

\_\_\_\_\_



**REFERENCES:**

Reference #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reference #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reference #3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return or send this application along with a check for \$100.00 to MTC of STL at the following address:**

**Montessori Training Center of St. Louis  
3854 Washington Blvd.  
St. Louis, MO 63108**

***The Montessori Training Center of St. Louis does not discriminate on the basis of race, color, gender, religion, disability, sexual orientation, national and/or ethnic origin in the admissions process, its educational policies, programs, and activities, tuition assistance, or employment.***



## **0-3 COURSE APPLICATION - PLEASE ENCLOSE THE FOLLOWING :**

1. Three letters of reference together with the Reference Request form downloaded from the website. These letters should be from those individuals listed above.
2. A \$100.00 application fee payable to the Montessori Training Center of St. Louis.
3. Write to the Colleges/Universities you have attended and have them send transcripts directly to the Montessori Training Center of St. Louis.
4. Answers to the following questions:
  - a. Indicate the reasons for your decision to take Montessori training. What are your plans in regard to your future work in Montessori? If you have worked with children, please describe your experiences. Include any other pertinent information about yourself that relates directly or indirectly to your future work in Montessori.
  - b. What are the conditions under which you will be taking the Montessori course? What outside responsibilities will affect the amount of time you will be able to devote to study? Please date and sign your submission. Your signature signifies agreement to the terms and conditions set forth for course admission.

When your file is complete, your application will be reviewed and you will be apprised of your status. Upon notification of acceptance, a \$500.00 matriculation fee is due together with the signed Enrollment Agreement 30 days from the date of the acceptance packet. This will reserve your place in the course.

If, for some reason, the course does not occur, all fees will be refunded. Send to:

Annette Haines  
The Montessori Training Center of St. Louis  
3854 Washington Blvd.  
St. Louis, MO 63108  
314-833-5330

