



**HOPE MONTESSORI**  
EDUCATIONAL INSTITUTE

## Teacher Education Program Application for Admission

Infant Toddler

Early Childhood

**Personal**

Last Name	First	Middle	Preferred Name
Street Address			Home Phone Number
City	State	Zip	Country
E-mail Address			Cell Phone Number
E-mail Address			birth date (m-d-yy)
How did you hear of the HMEI teacher education program?			
<input type="checkbox"/> Employer	<input type="checkbox"/> Colleague/Friend	<input type="checkbox"/> Conference/Workshop	
<input type="checkbox"/> AMS Website	<input type="checkbox"/> Web Search	<input type="checkbox"/> Other: _____	

**Educational Background**

High School	Graduation Date	City, State	Diploma
College/University	Graduation Date	Major/Minor	Degree
Graduate School	Graduation Date	Major	Degree
Montessori Credentials	Certification Date	Program Name	
List Teaching Certificate (if any)			
Other Certificates/Diplomas	Certification Date	Program	

**Employment and Teaching Experience**

Present Employer's Name	Phone Number		
Position	From	To	
Previous School	Phone Number		
Position	From	To	
Previous School	Phone Number		
Position	From	To	
Other experience with children			

## Montessori Practicum

Anticipated Practicum Site (School Name)				Phone Number		
Street Address				Fax Number		
City	State	Zip	Country	<input type="checkbox"/> AMS	<input type="checkbox"/> AMI	<input type="checkbox"/> Other (list)
Director's Name				Email Address		
Supervising Teacher's Name				Email Address		

## References

Reference Name	Email Address	Position	Phone Number
Reference Name	Email Address	Position	Phone Number
Reference Name	Email Address	Position	Phone Number

Please forward a HMEI Reference Letter Form to each of the names listed above.

## Personal Statement: (please attach a separate document. )

Why do you want to become a Montessori Certified Teacher?

What is your goal during your Montessori teaching program?

What special qualification or attributes do you bring to this field?

Why do you wish to enroll in the HMEI program?

## Required Items:

To complete this application, please submit one of the three following lists:

Bachelor's Degree or higher	Associates Degree	Some or no college hours
<ul style="list-style-type: none"><li>• Resume</li><li>• Official Transcript*</li><li>• \$150 Application Fee</li></ul>	<ul style="list-style-type: none"><li>• Resume</li><li>• Official Transcript*</li><li>• \$150 Application Fee</li></ul>	<ul style="list-style-type: none"><li>• Resume</li><li>• Copy of High School Diploma</li><li>• \$150 Application Fee</li></ul>

\*An official transcript requires your education institute to submit your transcript directly to HMEI via mail or e-transcript to the HMEI Director.

Mailing Address: Hope Montessori Educational Institute 1799 Lake St. Louis Blvd. Lake St. Louis, MO 63367	HMEI Director: Cate Epperson <a href="mailto:cate@hopemontessoritraining.com">cate@hopemontessoritraining.com</a> ph (636) 265-2877 fx (636) 265-2863
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For questions regarding the application process, please contact the HMEI office at 636-265-2877 M-F 8 am - 4 pm

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date