

Infant Toddler     Early Childhood (check one)

**Personal**

					(    )
Last Name	First	Middle	Home Phone Number		
					(    )
Street Address					Cell Phone Number
City	State	Zip	Country	birth date m-d-yy	E-mail Address

**Education**

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	
Other Certificates/Diplomas	Certification Date	Program	

**Practicum**

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

**Employment**

					(    )
Present Employer's Name					Phone Number
Position	From	To			
					(    )
Previous Employer's Name					Phone Number
Position	From	To			

### Teaching Experience

		(    )	
School		Phone Number	
Position	From	To	
			(    )
School		Phone Number	
Position	From	To	
List Teaching Certificate (if any)			
Other experience with children			

### References

				(    )
Reference Name	Email Address	Position	Relationship	Phone Number
				(    )
Reference Name	Email Address	Position	Relationship	Phone Number
				(    )
Reference Name	Email Address	Position	Relationship	Phone Number
Please submit current reference letters on your behalf from the name listed above.				

### Essay Required:

Please answer these questions on a separate sheet of paper 500 words or less, 1-2 pages, doubled space

1) Why do you want to become a Montessori Certified Teacher?
2) What is your goal during your Montessori teaching program?
3) What special qualification or attributes do you bring to this field?
4) Why did you wish to enroll in the HMEI program?

Please mail \$150 Application Fee to: Hope Montessori Educational Institute  
1799 Lake St. Louis Blvd. Lake St. Louis, MO 63367

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

----- **FOR OFFICE USE ONLY** -----

Accepted: \_\_\_\_\_ Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Application Fee Paid:  yes  no      Check #: \_\_\_\_\_ Amount Received: \_\_\_\_\_ Cash: \_\_\_\_\_ Money Order: \_\_\_\_\_