

**NMCME 2009-2010  
EARLY CHILDHOOD APPLICATION FORM**  
American Montessori Society (AMS) Affiliate



NAME: \_\_\_\_\_  
Last First Middle/Initial Social Security Number

ADDRESS: \_\_\_\_\_  
Street City State Zip

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  
Home

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_  
Work

Current Occupation: \_\_\_\_\_ How Long: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

College or University	City/State	Degree Earned	Major	Grad. Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OR High School

\_\_\_\_\_ City/State: \_\_\_\_\_ Graduation Date \_\_\_\_\_

OFFICIAL transcripts must be sent from University to NMCME; or a copy of High School Diploma

**EXPERIENCE WITH CHILDREN:**

Location:	Position(s) Held	Dates	Paid/Volunteer
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES: Three letters of reference should be submitted as soon as possible from non-relatives acquainted with applicant's professional qualifications, character, and/or relationship with children.

**PERSONAL STATEMENT: Answer the following questions and attach to application**

1. Why do you want to enroll in the NMCME Training Program?
2. What are your expectations of the program?
3. Describe yourself in terms of your flexibility, motivation, and ability to work within a collaborative – cooperative structure.

FINANCIAL AID: An alternative student loan program is available to qualifying applicants. In connection with my application with the school, I understand that a consumer report which may contain public records information may be requested.

SPECIAL NEEDS: \_\_\_\_\_ DESCRIBE: \_\_\_\_\_

FEES (NON-REFUNDABLE): \$50.00 Application Fee must accompany form.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Will you need overnight/weekend accommodations? YES NO

