

# Virginia Center for Montessori Studies

## APPLICATION FORM

### For Office Use Only

Date Received \_\_\_\_\_  
Check # \_\_\_\_\_  
Called for Interview \_\_\_\_\_  
Date of Interview \_\_\_\_\_  
Contract Sent \_\_\_\_\_

### A. Personal Information

Name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Street City State Zip  
Phone \_\_\_\_\_  
Home Cell  
E-mail \_\_\_\_\_ Fax \_\_\_\_\_  
Social Security # \_\_\_\_\_ Citizenship \_\_\_\_\_

### B. Education

**High School** \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
**College** \_\_\_\_\_  
Field of Study \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Degree Received \_\_\_\_\_  
**Graduate School** \_\_\_\_\_  
Field of Study \_\_\_\_\_  
Dates Attended \_\_\_\_\_ Degree Received \_\_\_\_\_  
Other Studies \_\_\_\_\_ Interests/Talents \_\_\_\_\_

### C. Work Experience - most recent first

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_ Position \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

## D. Internship Site

Have you selected an internship site?  Yes (if yes, please complete the following information)  No

Is your school sponsoring you?  Yes  No Supervising Teacher \_\_\_\_\_

Name of School \_\_\_\_\_ Name of Administrator \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip

School Phone \_\_\_\_\_ Administrator's e-mail \_\_\_\_\_

School website \_\_\_\_\_ Distance from Training Center \_\_\_\_\_

AMS School Status  Accredited  Full  Associate  Satellite  
 Initiate  International  Non-member

How did you hear about VCMS?  Website  AMS  Friend/Colleague  
 Other \_\_\_\_\_

## E. Documentation

- Two sets of official college/university transcripts (in English) or a high school transcript if you haven't attended college, are required by the end of the internship year. Send transcripts directly to:

**Virginia Center for Montessori Studies**  
9307 Quioccassin Rd.  
Richmond, VA 23229

- Submit three letters of recommendation.
- On a separate piece of paper, please write an essay (minimum 350 words) detailing your interest in becoming a Montessori teacher.

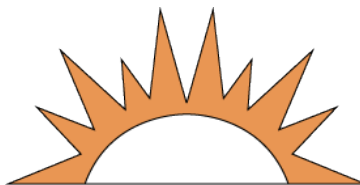
## F. Application Procedure

- Complete the application and return with a non-refundable \$100.00 application fee made payable to VCMS.
- Upon receipt of the application form and fee, an interview will be scheduled with a VCMS representative.

**G. Signature of Applicant** \_\_\_\_\_ Date \_\_\_\_\_

The Virginia Center for Montessori Studies employs persons of any race, color, national or ethnic origin. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Applicant gives permission for photographs to be taken to be used for VCMS promotional/informational efforts such as workshops and website.



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