



# MONTESSORI TRAINING CENTER OF NEW ENGLAND

CREC, 111 Charter Oak Avenue, Hartford, CT 06106

Telephone 860-509-3650

E-mail: [tnee@crec.org](mailto:tnee@crec.org)

## Application for Admission Primary Summer Course 2012-14

Applications are processed upon receipt throughout the year. When a course is filled, successful candidates may request placement on a Waiting List and/or defer registration to the next consecutive course.

Note: No action can be taken on your application for admission until all required materials, application fee and transcripts are received.

### Personal Data:

Legal Name \_\_\_\_\_  
DR/MR/MRS/MS/OTHER      LAST      FIRST      MI

Former/Other Names \_\_\_\_\_

Social Security No. \_\_\_\_\_ Male \_\_\_\_\_ Female

Permanent Address \_\_\_\_\_  
NUMBER & STREET

CITY/STATE      ZIP/POSTAL CODE      (COUNTRY)

Telephone at Permanent Address \_\_\_\_\_  
(COUNTRY CODE)      AREA CODE/NUMBER

E-mail Address \_\_\_\_\_

Mailing Address for Admissions Correspondence (if different from above) \_\_\_\_\_

Telephone at Mailing Address \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Are you a Permanent US Resident? \_\_\_\_\_

### Current Employment

Name \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ How Long With This Employer? \_\_\_\_\_

*(Continued On Back)*

*A non-profit educational organization*

*Non-Discriminatory Admission*

## Education

List all Colleges/Universities attended. Include any previous Montessori training.

**Please submit official transcripts in sealed envelopes from each institution attended**

<u>College/University/School</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Degree/Certificate</u>	<u>Completion Date</u>
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Other Studies:

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## References: Please submit three letters of reference

List below the complete name, address and relationship for each reference. Include at least one professional reference.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## PLEASE ENCLOSE THE FOLLOWING

1. Employment History/Resume: Names and addresses of employers, dates of employment, list of responsibilities.  
Include all employment and experience in Montessori schools.
2. An autobiography – *Write a personal essay in support of your application to the Montessori Training Center of New England. This essay may be of any length but should include: relevant personal & professional background information; experiences which influenced your decision to pursue the study of Montessori education; experiences which have prepared you for participation in this course. You may use the Autobiography to provide any other information to be considered in support of your candidacy. **This essay serves as an applicant's Writing Sample.***
3. Answers to the following questions: (These may be incorporated into the Autobiography)
  - a. Why do you want to take the Montessori Training?
  - b. How did you first learn about the Montessori Training Center of New England?
4. **Non-Native Speakers of English:** TOEFL scores (minimum score of 550 is required)
5. Official Transcripts from each educational institution attended. (Transcripts must be submitted in sealed envelopes.)
6. Letters of Reference from the 3 individuals listed in this application.
7. A non-refundable \$100.00 Application Fee payable to Capital Region Education Council (CREC). Please use the attached credit card authorization form if paying by MasterCard or Visa.

**The Application File will be considered "active" upon receipt of the Application Fee.**

## Certification

I certify that the information provided on this Application Form and in all other Application Materials is complete, accurate and true to the best of my knowledge.

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



**Mastercard & VISA Authorization Form**

\_\_\_\_ Mastercard

\_\_\_\_ VISA

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(16 digits required)

Security Code \_\_\_\_\_  
(3 digits)

Expiration Date: \_\_\_\_ - \_\_\_\_  
(mo.)-(yr.)

*(please print clearly)*

Name on Card: \_\_\_\_\_

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

City, State, & Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Signature & Date *(required)*: \_\_\_\_\_

Payment  
for: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Revenue Line/ Invoice #: \_\_\_\_\_

CREC Program or School: \_\_\_\_\_ Grade: \_\_\_\_\_