

Seacoast Center for Education Program Application

Box 323
Greenland NH 03840 Tel./fax: 603-590-6360

Program Site: New Hampshire
 Florida
 Tennessee (MNPS employee only)

Seacoast Center does not engage in any form of discrimination based on race, religion, gender, national origin, handicap, or sexual orientation in its admissions or hiring policies or the provision of services.

PERSONAL

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Email address _____
(Area Code)

Fax _____ Are you a citizen or resident of the United States? Yes No _____
If "no", please name country and see Acknowledgment Country

Are there any circumstances you feel may have impact on your ability to undertake an intensive summer program? Yes No Explain _____
This information is used for counseling and not for admissions purposes.

PROFESSIONAL INFORMATION

Do you have a Montessori Early Childhood credential? Yes No AMS and MACTE require EC credential or overview for Elementary certification

If yes, give course _____ Date received _____

I will need an Early Childhood Overview. Please send information.

Certification Course level applied for Elementary I Elementary II Elementary I-II

Summarize any previous experience with Montessori education you may have, including ELI credential if applying for EL II

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DATE COMPLETED	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
COLLEGE OR UNIVERSITY				
COLLEGE OR UNIVERSITY				
MONTESSORI TRAINING				
OTHER EDUCATION				

PROFESSIONAL HISTORY (LIST PRACTICUM SITE FIRST IF KNOWN)

1. Practicum Site _____
Address _____
(Street) (City) (State) (Zip Code)
Supervising Teacher _____
Supervising Teacher's
Certification Course and Date _____ School Affiliation _____
School Administrator and telephone: _____

This information is needed before entry into the Practicum phase but is not required for admission. It will speed the processing of your file if provided at this time.

UNDER THE LAWS OF THE STATE OF NEW HAMPSHIRE, YOU MAY CANCEL THIS APPLICATION ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF ITS SUBMISSION AND RECEIVE A FULL REFUND OF ANY FEES PAID.

ADDITIONAL DOCUMENTATION REQUIRED FOR CERTIFICATION CANDIDATES

1. A personal statement of no more than three hundred words describing your reasons for applying for this program.
2. Original transcripts from colleges and universities and photocopies of previous Montessori credentials.
3. Recommendations from the three individuals named below.

Return all documentation to our attention at Box 323 Greenland NH 03840. It is not necessary for us to receive all documentation at the same time, but your application cannot be fully considered until the file is complete.

APPLICATION FEE

A fee of \$175.00 (non-refundable) must be received before this application may be processed.
Checks payable to Seacoast Center. VISA/MC/AMEX accepted.

REFERENCES

Name	Relationship	Home Phone	Daytime Phone

ACKNOWLEDGEMENT

I certify that the above information is correct to the best of my knowledge. I authorize Seacoast Center for Education to contact my references for further pertinent information regarding my candidacy. I further recognize that Seacoast Center for Education cannot guarantee employment or salary upon completion of this program and release it from liability for circumstances arising from relationships between my practicum site and myself. I understand that upon enrollment full tuition is due notwithstanding any payment plan agreements I may enter into with Seacoast Center for Education, and that should I not complete the course(s) in which I enroll for any reason refund of tuition will be in accordance with published policies of Seacoast Center for Education as prescribed by the State of New Hampshire. For citizens of countries outside the U.S.: I understand it is my responsibility to establish eligibility to study and/or work in the United States and not that of Seacoast Center for Education and that evaluation of degrees issued outside the US is required by AMS and MACTE at my own expense.

Applicant's Signature _____ Date _____