



**THE CENTER FOR GUIDED
MONTESSORI STUDIES**

APPLICATION FOR ADMISSION

You may print this form and fill it out manually, or you may fill it out electronically. If you do so, please note that you **MUST** download the form first. Forms that are filled out in a web browser often lose their information when saved.

Either way, when filled out and signed, please send a copy to admissions@cgms.edu, or fax to 941 827 2981

THE CENTER FOR GUIDED MONTESSORI STUDIES
4532 West Kennedy Blvd., Suite 233 Tampa, Florida 33609
1-888-344-7897 | admissions@cgms.edu



REQUIREMENTS

All candidates for admission must demonstrate a strong facility with the English language and must possess an undergraduate degree or equivalent. An Educational Portfolio may be submitted for consideration of a degree waiver. To speed processing of your application, please refer to the detailed requirements listed at cgms.edu/apply.

INSTRUCTIONS

There are nine pages on this application. Please be sure to complete and scan pages 6 through 9 along with your application essay and letters of recommendation (see instructions below for essay and recommendations).

Your application may be submitted as an attachment to the email address below.

Scan and email this application to: ADMISSIONS@CGMS.EDU

Please submit your documents electronically.

To check on the status of your application contact the email above.

OTHER REQUIREMENTS

In addition to this application, there are several other steps for you to complete.



ESSAYS

Depending on the program you are applying for you must complete one of the following essays.

Early Childhood

FOR STUDENTS APPLYING FOR CERTIFICATION TO WORK WITH CHILDREN LESS THAN 13 YEARS OLD, PLEASE COMPLETE THE FOLLOWING ESSAY. THIS ASSIGNMENT IS REQUIRED FOR THOSE APPLYING FOR THE CGMS PROGRAMS: INFANT/TODDLER, PRIMARY, AND ELEMENTARY.

Please attach an essay of approximately 400 words describing your reasons for wanting to work with children, your personal educational philosophy, and what draws you to the Montessori approach.

Please remember: submit only the essay for the level you are applying for. Essays must be typed on A4 or letter sized paper, and must be written in English

RECOMMENDATIONS

The CGMS Recommendation form may be downloaded from cgms.edu/apply. It must be copied and sent to three people (non-relatives) who can speak of your character and values and some or all of the following: work ethic, academic skills, and experience with children.



APPLICATION FEE

An application fee of \$50 is due at the time of the application and is non-refundable. Payment must be in US currency.

COLLEGE TRANSCRIPTS

Applicants must submit one transcript from the colleges they attended. If the applicant has received a degree and attended multiple institutions, transcripts are only required from the degree awarding institution.

EDUCATIONAL PORTFOLIO

Applicants who do not have a degree must submit an Educational Portfolio describing post high school educational and life experiences that have contributed to their ability to succeed in this program and a career as a Montessori educator. The Portfolio should include plans for future education, coursework completed after high school, professional development courses, life experiences, independent study, and a description of your study skills. Please request an Educational Portfolio packet from the admissions office.

TUITION AGREEMENT

In order to process your application, the tuition agreement document must be signed and submitted. Please email admissions@cgms.edu for the Tuition Agreement.

INTERVIEW

Applicants will be asked to interview using telephone or internet video conferencing technology. Applicants refusing to do so, or unable with assistance to get this technology to work, may not be accepted at the discretion of CGMS.

RELEVANCE

In the application there will be questions related to your experience working with children as well as questions related to your interest in their education. To whatever degree possible, please focus all answers upon the age range of children for which you wish to receive certification.

COMPLETENESS

There are nine pages on this application. Please be sure to complete and send pages six through nine.



IMPORTANT INFORMATION

REFUND INFORMATION

Carefully read this information and make sure you agree to it. Application Fees are nonrefundable. All tuition and fees (less the application fee) paid by the applicant shall be refunded if requested within 3 business days after signing a contract. All refunds shall be returned within 30 days. An application fee of not more than \$25.00 may be retained by the school if the application is denied. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. All other refunds are due according to the following schedule:

WITHDRAWAL AFTER THE RESIDENTIAL SESSION

Withdrawal after attendance at a residential session will result in responsibility for \$1900 per session attended. This will be taken into consideration when calculating refunds or balance due, along with the following policies regarding withdrawal during the distance-learning phase.

WITHDRAWAL DURING THE DISTANCE LEARNING PHASE

- Before the end of week # 2 of the distance learning phase - 90% of the base tuition will be refunded. A withdrawing student is responsible for paying 10% of the total base tuition.
- Before the end of week #8 or end of the first module of the distance learning phase, 80% of the base tuition will be refunded. A withdrawing student is responsible for paying 20% of the total base tuition.
- Before the end of the second module, 60% of the base tuition will be Refunded. A withdrawing student is responsible for paying 40% of the total base tuition.
- By the end of the third module, 30% of the base tuition will be refunded. A withdrawing student is responsible for paying 70% of the total base tuition.
- By the end of the end of the fourth module, 20% of the base tuition will be refunded. A withdrawing student is responsible for paying 80% of the base total tuition.

No refunds will be made for withdrawals after the fifth module, and responsible party/ies will have to continue payments based on their payment plan until the tuition is paid in full.



APPLICATION FOR ADMISSION

START DATE OF COURSE FOR WHICH YOU ARE ENROLLING:

PROGRAMS

EARLY CHILDHOOD

FULL CERTIFICATE

GENERAL INFORMATION

APPLICANT (FULL LEGAL NAME)

PREFERRED NAME

MAIDEN NAME

DATE OF BIRTH

SOCIAL SECURITY NUMBER (IF APPLICABLE)

HOME

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

HOME PHONE

WORK PHONE

CELL PHONE

EMAIL ADDRESS

EDUCATION (LIST ADDITIONAL COLLEGES ON SEPARATE SHEET)

COLLEGE, SCHOOL, TRAINING PROGRAM

YEARS ATTENDED

DEGREE/MAJOR/CERTIFICATION



WORK EXPERIENCE

Please list relevant experience or significant responsibilities held. Begin with your current position. A resume may be attached to this application in lieu of this section.

EMPLOYER

YEARS ATTENDED

WORK PERFORMED

DESCRIBE ANY OTHER EXPERIENCE YOU HAVE WORKING WITH CHILDREN, INCLUDING ADOLESCENTS IF APPLICABLE TO THE PROGRAM YOU ARE APPLYING FOR.

DESCRIBE YOUR INTERESTS, HOBBIES, AND/OR TALENTS.

EXPLAIN HOW YOU HEARD ABOUT AND WHY YOU CHOSE THE CENTER FOR GUIDED MONTESSORI STUDIES.



WHICH OF YOUR PERSONAL QUALITIES ARE MOST LIKELY TO POSITIVELY CONTRIBUTE TO YOUR WORK WITH CHILDREN?

LIST THE NAME AND AUTHOR OF TWO BOOKS YOU HAVE READ THIS YEAR AND DESCRIBE WHY THEY WERE MEANINGFUL TO YOU. IF THEY ARE RELEVANT TO YOUR WORK WITH CHILDREN THEN EXPLAIN HOW.

IF NOT COVERED ABOVE, PLEASE EXPLAIN WHAT YOU KNOW ABOUT MONTESSORI, OR EXPERIENCES YOU HAVE HAD IN MONTESSORI CLASSROOMS EITHER AS AN ASSISTANT, TEACHER, OR STUDENT, INCLUDING PREVIOUS MONTESSORI COURSES OR WORKSHOPS.



INTERNSHIP/PRACTICUM

Provide the information below of your current Montessori school. If a practicum site has not yet been determined a level director must approve this when applying.

SCHOOL

HEAD OF SCHOOL NAME

HEAD OF SCHOOL EMAIL ADDRESS

STREET ADDRESS

CITY STATE ZIP CODE COUNTRY

OFFICE PHONE FAX NUMBER

AGE LEVEL YOU'LL BE WORKING WITH

NAME OF SUPERVISING TEACHER

REFERRING PERSON

Please enter the name of anyone who may have referred you to CGMS

GROUP

If you are part of a group of students from a particular school, district or corporation, please name this group here:

AGREEMENT

I, the undersigned, do solemnly attest that all of my application information, including both above statements and those made in separate documents, are fully accurate to the best of my knowledge. I understand that intentionally providing false information on this application may constitute fraud, and will result in the forfeiture of any deposits or tuition paid, and termination of any awarded certificate.

NAME OF CANDIDATE

CANDIDATE SIGNATURE DATE

NAME OF WITNESS

WITNESS SIGNATURE DATE

(Note: A witness can be any adult over 18 years old.)