



Maria Montessori Teacher Training Center
c/o One World Montessori School
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Phone (408) 723-5140 Fax (408) 723-9443
teachertraining@oneworldmontessori.org
www.oneworldmontessori.org/mmttc

PRIMARY TEACHER TRAINING APPLICATION FORM

Please enroll me in the following course: (please check the appropriate box)

- School Year 2011 - 2012 Single Class: _____
 Summer 2011 Intensive Elementary Workshop 2011
 DAWN MCKINLEY MEMORIAL SCHOLARSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____

E-mail address: _____

Date of birth: _____ Social Security #: _____

Employer: _____

Employer Address: _____

Person to notify in emergency: _____

Relationship: _____ Phone: _____

List in chronological order (#1 the most recent) all colleges, universities, and professional schools attended. Please attach additional sheets if necessary. (Official transcripts must also be sent to the MMTTC, c/o One World Montessori School, at the address above.)

Name and location	Dates of attendance	Degree
1. _____	_____	_____
2. _____	_____	_____

List Montessori Training, if any:

Training Center/School	Class	Dates
1. _____	_____	_____
2. _____	_____	_____

Please enclose a **letter of intent** and your **non-refundable enrollment fee of \$50**. Transcripts and 3 letters of reference **are enclosed/will follow** (circle one).

The information on this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____