

# The Center for Guided Montessori Studies Leadership Program Application for Admission

# 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 <a href="https://www.cgms.edu/apply/">https://www.cgms.edu/apply/</a>

#### **Instructions**

There are nine pages on this application. Please be sure to complete and send 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 by email, fax, or regular mail. To mail the application send to:

CGMS
Admissions Department
4532 West Kennedy Blvd.

Suite 233

Tampa, FL 33609

You may also scan and email this application to:

admissions@cgms.edu or fax it to 1(941) 827-2981.

If applications are submitted electronically then a mailed hard copy need only be submitted at the request of CGMS admissions personnel.

To check on the status of your application contact the email above call our offices Monday to Friday, 9am to 5pm EST at 1-888-344-7897, or 1-443-420-1043 for those outside of North America.

# **Other Requirements**

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

#### Essay

Essays must be typed on A4 or letter sized paper, and must be written in English

#### Essay – minimum of 500 words.

Please attach an essay in response to these questions:

- (1) Who are you, and what brings you happiness and joy?
- (2) What are your strengths and weaknesses as a leader?
- (3) Describe your personal educational philosophy and what draws you to the Montessori approach.
- (4) Describe a key event that describes your experience with leadership in any capacity. Explain what occurred, and what you learned from that experience.

#### **Recommendations**

The CGMS Recommendation form may be downloaded from <a href="https://www.cgms.edu/apply/">https://www.cgms.edu/apply/</a>
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 \$100 is due at the time of the application. This may be in the form of a check, money order or you may include credit card information. Payment must be in US currency. If you are a Michigan resident then \$75 of this amount is refundable if your application is rejected. To reduce the chance of rejection, all applicants are encouraged to contact our office with any questions prior to applying.

# 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. This can be downloaded from

https://www.cgms.edu/apply/

# **Important Information**

#### **Refund Information**

Carefully read this information and make sure you agree to it. Application Fees are non-refundable. 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 \$1500 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 Adult Learner 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 Adult Learner 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 Adult Learner 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 Adult Learner 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 Adult Learner is responsible for paying 80% of the base total tuition.

No refunds will be made for withdrawals after the fourth module, and Adult Learner making payments are still responsible for the entire tuition.

#### 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 be 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.

# **CGMS Leadership Application for Admission**

Start Date of Course for which you are enrolling \_\_\_\_\_

Leadership	□ Full Certificate
General Information	
Applicant (Full Legal Name)	
Preferred Name	Maiden Name
Date of Birth//	Social Security #
(month / day / year)	(US Citizens only)
Home	
Street Address	<u> </u>
City	State/Province
Zip/Postal code	Country
Home Phone	Work Phone
Cell Phone	
Education (list additional colleges on sepa	arate sheet)
College, School or 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
1.		
2.		
3.		
4.		
Describe any other ex	kperience you have working	g with children and adults in a leadership capacity.
Describe your interes	ts, hobbies, and/or talents.	
Explain how you hea	rd about and why you chos	e the Center for Guided Montessori Studies.
Which of your persor	nal qualities are most likely	to positively contribute to leading a school?

1. Why do you wish to become a Montessori school leader? What led you to this point? Why do you think you will be successful at it? What challenges do you expect to face? 2. Why did you choose to become a Montessori school leader? What challenges have you faced? Why are you interested in obtaining certification at this point, and what do you hope to learn from this program? Internship/ Practicum Provide the information below if you have already made arrangements for an internship/practicum site. Send later if practicum site has not yet been determined. School Name Head of School Name (or write "self" if applicable) Head of School Email Address Street Address

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(Answer the question below that applies to your situation)

CGMS Leadership Application Form 8/15/2019

City	State/Province	
Zip/Postal code	Country	
Office Phone	Fav	
Age levels this school serves		_
Referring Person		
Please enter the name of anyone who m	ay have referred you to CGMS	-
Group		
If you are part of a group of Adult Learn	ners from a particular school, district or corporation, please	3
name this group here:		
Agreement		
I, the undersigned, do solemnly attest th	at all of my application information, including both above	
statements and those made in separate d	ocuments, 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 depos	its or tuition paid, and termination of any awarded certifica	ate.
Name of Candidate	Name of Witness	
Candidate Signature	Witness Signature	
Candidate Dignatule	Withess Signature	
Date	Date	