

AWF APPLICATION FOR SCHOLARSHIP

AMI International Montessori Teacher Training 3-6 Diploma Course

Date: _____ Date of AMI Acceptance Letter: _____

Applications will be processed only after the candidate has received a place on the AMI International Montessori Teacher Training 3-6 Diploma Course at MTC Dar es Salaam. Applications must be sent within **30 days** of receiving the Acceptance Letter.

Please read the form carefully and complete in BLOCK letters using blue or black ink.

Send the completed Application Form and all required documents to: foundation@arthur-waser.ch

PERSONAL INFORMATION
First Name: _____
Family / Last Name: _____
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Date of Birth: _____
Nationality: _____
Permanent Postal Address: _____ _____
Valid ID or Passport Number: _____ Expiry Date: _____
Mobile 1: _____ Mobile 2: _____ (Include area code)
Email: _____

Please state your highest educational qualifications

EDUCATION			
School/ College Name	Location	Years attended	Qualification

EMPLOYMENT

Name of Institution: _____

Postal Address: _____

Position: _____ Employed since (date): _____

Name of Employer / Supervisor and Title: _____

Mobile 1: _____ Mobile 2: _____
(Include area code)

Email: _____

- I certify that all the information given in this Application Form is accurate and true
- I authorize investigation of all statements contained in this application by MTC Dar es Salaam and the Arthur Waser Foundation
- In the event of a Scholarship approval, I understand that false or misleading information given in my application, and all the relevant documents, and or in my interview may result in the annulment of my scholarship and course acceptance

Name of Student (please print)

Signature of Applicant

Place and Date

Please leave blank / For use by AWF only

Name of Student: _____ Student ID: _____

Date of AMI Acceptance: _____ Date of receipt of AWF Application: _____

Scholarship granted: yes _____ no _____ Amount granted: _____

ARTHUR WASER FOUNDATION

BELLERIVEHÖHE 9, 6006 LUCERNE, SWITZERLAND

TEL. 041 375 80 70 • FAX 041 375 80 88 • E-MAIL: foundation@arthur-waser.ch

EMPLOYER ENDORSEMENT (if applicant is employed)

Name of Institution: _____

Name of Employer: _____

Title: _____

- I certify that all the information provided by my employee is accurate and true
- I have made financial arrangements that my employee will have sufficient funds for transport, accommodation, food and other costs during the entire course (this is applicable if the candidate will receive funding by the employer)
- I will support and ensure that my employee will be able to attend all the modules during the entire course and also the practice teachings and observations

Signature of Employer

Place and Date

Please leave blank / Internal use only

Name of Employer: _____

Reference of Employer checked by: _____ Date: _____

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REFEREE ENDORSEMENT (Different from your Employer)

Name of Referee: _____

Title or Occupation: _____

Mobile : _____ Email: _____

How long have you known the applicant?: _____

- I certify and confirm that all the information provided by the applicant (name/family name):

_____ is accurate and true.

Signature of Referee

Place and Date

Please leave blank / Internal use only

Name of Referee: _____

Reference of Referee checked by: _____ Date: _____

Check list of items to be sent by email

The following items and documents must be sent **within 30 days of acceptance** to the course to: foundation@arthur-waser.ch. All documents must be in English.

- Copy of letter of acceptance to the AMI International Montessori Teacher Training 3-6 Diploma Course, June 2017

- AWF Scholarship Application: Filled out and signed

- Copy of valid Passport or ID card

- A letter written by yourself, justifying the request for financial aid describing your personal financial situation and that of your family. Maximum length: 500 words

- Evidence that you have other forms of funding to pay for your transportation, accommodation, stationery costs and other living costs for the entire duration of the course. Ex: letter confirming other sources of funding, etc.

- Since the scholarship will be calculated according to your financial situation, you must provide a recent and valid statement of your bank (with bank letter head), that of your spouse and your parents from the last 12 months showing your family's income.*

- Your salary slips from your employer from the last 6 months*

- A list of your monthly expenses: housing including rental contract, childcare, medical costs*

- Employer Endorsement (if employed): Filled out and signed

- Referee Endorsement filled out by a person who knows you well (ex: priest, professor, doctor, lawyer, mother superior, etc.). This person cannot be your employer.

* This information is not required for applicants who are members of a congregation