



HELEN K. BILLINGS SCHOLARSHIP FUND

SCHOLARSHIP APPLICATION FORM

Scholarship Application OPEN PERIODS are:
January 1- March 15 and August 1 – October 15 each
year

Application must be typed or neatly printed in ENGLISH.

SCHOLARSHIP RECIPIENTS

HKB SCHOLARSHIP FUND RECIPIENTS ARE LIMITED TO THE FOLLOWING MIA MEMBERS:

- **Teacher Education Program (TEP)** seeking financial assistance to establish: **See Page 2**
 - a training program as MACTE accredited;
 - an additional training level within the TEP; or
 - an additional training site location associated with the TEP.
- **Membership School** seeking to establish: **See Page 3**
 - a classroom as a MIA certified Practicum Site; or
 - an additional classroom as a MIA certified Practicum Site.
- **Individual Member** seeking to: **See Page 4**
 - begin or complete the necessary training and practicum process to become a MIA certified Teacher/Guide or a MIA Course Trainer of adult learners;
 - begin or complete the necessary training and practicum process to become a Montessori Classroom Assistant; continue their education to maintain proficiency as a Montessori Teacher/Guide, Course Trainer, or a Montessori Classroom Assistant; or
 - further their understanding of an aspect of Montessori Philosophy through in-depth research.

INSTRUCTIONS

1. **Go** to the application section **that applies to your application** (TEP, Member School, Individual).
2. **Fill in** all of the requested information. Application must be typed or neatly printed in **ENGLISH**.
3. **Send** the application to MIA in one of two ways: **(choose one)**
 - PRINT AND MAIL:**
Print page 1 + the page you filled out (and any extra material) and mail to:
Montessori Institute of America
Attn: Scholarship Committee
6107 SW Murray Blvd. #306
Beaverton, OR 97008 USA
 - SCAN AND EMAIL:**
Scan page 1 + the page you filled out (and any extra material) and save on your computer as PDF (use a file name you can find again);
Email the application PDF to admin@mia-world.org Subject Line: Scholarship Committee

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TEACHER EDUCATION PROGRAM (TEP) CONTACT INFORMATION			
TEP Name	MIA Member Number	Date	
Physical TEP Address		City	
State/Province	Zip code	Country	
TEP Phone Number	TEP Website (Website must be translated in ENGLISH)		
Program Facebook Page	TEP Email Address		
TEP Owner Name		Email Address (not for publication)	
Home Address		City	
State/Province	Zip code	Country	
FINANCIAL ASSISTANCE REQUESTED			
<p>This Teacher Education Program is seeking financial assistance to establish: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> A training program as MACTE accredited <input type="checkbox"/> An additional training level within the TEP <input type="checkbox"/> An additional training site location associated with the TEP 			
<p>Describe the reason for your request for financial assistance from the Helen K. Billings Scholarship Fund. You may attach material (images, material lists, etc.) that you think will best describe your situation.</p> 			
<p>List name, contact information (email, phone) of 2 personal/professional references who can attest to your/your program's reputation and desire to achieve the goal for which you are requesting this scholarship.</p> <p>1) _____</p> <p>2) _____</p>			

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MEMBER SCHOOL CONTACT INFORMATION			
Member School Name		MIA Member Number	Date
Physical School Address		City	
State/Province	Zip code	Country	
School Phone Number		School Website (Website must be translated in ENGLISH)	
Program Facebook Page		School Email Address	
Member School Owner Name		Email Address (not for publication)	
Home Address		City	
State/Province	Zip code	Country	
FINANCIAL ASSISTANCE REQUESTED			
This Member School is seeking financial assistance to establish: (check one) <input type="checkbox"/> A classroom as a MIA certified Practicum Site <input type="checkbox"/> An additional classroom as a MIA certified Practicum Site			
Describe the reason for your request for financial assistance from the Helen K. Billings Scholarship Fund. You may attach material (images, material lists, etc.) that you think will best describe your situation.			
List name, contact information (email, phone) of 2 personal/professional references who can attest to your/your program's reputation and desire to achieve the goal for which you are requesting this scholarship.			
1) _____			
2) _____			

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INDIVIDUAL MEMBER CONTACT INFORMATION (not for publication)		
Individual Member Name:	MIA Member Number	Date
Contact Email Address	Primary Phone Number	
Address of residence		City
State/Province	Zip code	Country
FINANCIAL ASSISTANCE REQUESTED		
<p>This Individual Member is seeking financial assistance to: (check one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Begin or complete the necessary training and practicum process to become a MIA certified Teacher/Guide <input type="checkbox"/> Begin or complete the necessary training and practicum process to become as approved MIA Course Trainer of adult learners <input type="checkbox"/> Begin or complete the necessary training to become a Montessori Classroom Assistant of a MIA Membership school <input type="checkbox"/> Continue their education to maintain proficiency as a Montessori Teacher/Guide, Course Trainer, or a Montessori Classroom Assistant <input type="checkbox"/> Further their understanding of an aspect of Montessori Philosophy through in-depth research 		
<p>Describe the reason for your request for financial assistance from the Helen K. Billings Scholarship Fund. You may attach material (i.e. program description) that you think will best describe your situation.</p> 		
<p>List name, contact information (email, phone) of 2 personal/professional references who can attest to your reputation and desire to achieve the goal for which you are requesting this scholarship.</p> <p>1) _____</p> <p>2) _____</p>		