



**Certificate of Completion
Application Form 2019/20**

Name: _____

Job Title/Position: _____

Organization/Affiliation: _____

Street Address: _____

City, State, Zip: _____

Home Telephone: _____

Business phone: _____

E-mail: _____

I am applying for acceptance in the following Certificate of Completion [check all that apply]:

- Fundraising ____
 - Nonprofit Management ____
 - Customized Series ____
- (please list classes on following page for Customized)

**Please send the completed form to:
The Nonprofit Center
1900 W. Olney Ave.
Philadelphia, PA 19141
By email: fennell@lasalle.edu**

Once we have received the completed form and processed your application we will contact you by email to confirm your enrollment. You can register for courses online - <http://www.lasallenonprofitcenter.org/courses/>



**Certificate of Completion
Application Form 2019/20**

Please list the classes you wish to attend (customized certificate of completion only):

(Contact Rob Fennell with any questions regarding curriculum – fennell@lasalle.edu or 215-991-3676)

Course Name	Course Date