



Certificate 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 [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/>



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

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

Course Name	Course Date