



Certificate Application Form 2020/21

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 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 of completion only):

(Contact Rob Fennell with any questions regarding curriculum – fennell@lasalle.edu)

Course Name	Course Date