

CERTIFICATE APPLICATION FORM

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 program [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: <u>fennell@lasalle.edu</u>

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 - <u>http://www.lasallenonprofitcenter.org/courses/</u>



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

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

Course Name	Course Date