

## CERTIFICATE APPLICATION FORM

Name: \_\_\_\_\_  
Job Title/Position: \_\_\_\_\_  
Organization/Affiliation: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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

Fundraising \_\_\_\_

Nonprofit Management \_\_\_\_

Supervisory 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](mailto: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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