

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

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/>



Center at La Salle University

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

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