

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: 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/>

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

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

Course Name	Course Date