

**Certificate in Nonprofit  
Administration and Finance Program**



Suffolk University  
Center for Public  
Management

**Application Form**

*Please attach the completed Supervisor's Recommendation/Agency Commitment Form and return by August 1, 2008 or earlier as applications are reviewed on a rolling basis and space is limited.*

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Agency \_\_\_\_\_

Council Member (Yes/No)? \_\_\_\_\_

Work Address \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Brief job description

Briefly describe your previous work experience

Years of professional experience? \_\_\_\_ yrs. Years of supervisory/management positions? \_\_\_\_ yrs.

Education: (check most advanced level completed or fill in number of years completed in college, if applicable)

High school diploma/GED      Years of college      Associates Degree in \_\_\_\_\_

Bachelor Degree in \_\_\_\_\_      Masters Degree in \_\_\_\_\_

Describe what you think will be your next job: \_\_\_\_\_

What are the three main areas of expertise that you would like to be able to master from your participation in the Certificate in Nonprofit Administration & Finance Program?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please attach, or use the space provided on page 2 to provide, a 500 word essay on why you would like to participate in this program, and specific ways this program will help you in your career.**

**Participation Contract**

I understand that my enrollment in the *Certificate in Nonprofit Administration & Finance* requires my commitment to attend classes (minimum of 20 out of 25 class meetings), pay for class materials as required (to a maximum of \$100 per session) to participate fully in the curriculum, and to participate in an evaluation of the program. I also understand that after attending the second class meeting my tuition is no longer refundable. In exchange for my agency's supporting my participation by providing me with paid time-off to attend classes, I agree to continue working for my current employer for at least one year after graduation from the program.

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_

OPTIONAL	
Sex:	Female      Male
Ethnicity:	_____
Languages fluent in:	_____
Any reasonable accommodations required? (Y/N)	_____
(Please specify)	

Describe why you would like to participate in this program:



**Supervisor's Recommendation/Agency Commitment Form**

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Name \_\_\_\_\_

**Please complete the following or attach a signed recommendation letter.**

I have supervised the applicant for \_\_\_\_\_ years, and have known the applicant's work for \_\_\_\_\_ years.

S/He is in the top 5% 25% 50% of all the people whom I have supervised.

In five years, I expect the applicant to be able to assume a position as \_\_\_\_\_.

I recommend the applicant for participation in the Certificate in Community Human Service Management Program  
without reservation or highly

I base my recommendation on the following factors:

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

As the applicant's Sponsoring Agency representative, I agree to pay a \$50 nonrefundable Agency Application Fee (a onetime fee, regardless of the number of applicants) and agree to pay the tuition fee \_\_\_\_\_ **for members of \$1,950** or **for non-members of \$3,200** I understand that the tuition fee is not refundable after my employee attends the second class meeting. **I realize that participants in the program must attend at least 20 of the 25 class meetings to be eligible to graduate and agree to give enrolled employees paid time off in order to attend classes and participate in an evaluation of the certificate program, and to adjust their work requirements accordingly.** I understand that all Certificate Program enrollees will commit themselves to continued employment with their sponsoring agency for at least one year following their graduation.

Authorized Sponsoring Agency Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed application, with payment made out to the **Human Service Providers Charitable Foundation, Inc.**, by **August 1, 2008** to:  
Certificate Program Admissions Committee, Provider's Council, 250 Summer Street, Suite 237, Boston, MA 02210

Questions? Contact Kevin Gilnack at [kgilnack@providers.org](mailto:kgilnack@providers.org) or 617.428.3637 x. 124