

PROVIDERS' COUNCIL

Certificate in Nonprofit Human Service Management Program

2017-2018 Application

Please complete each of the following four sections and attach your completed Supervisor's Recommendation and Agency Commitment Form. Applications are reviewed on a rolling basis and space is limited. The Council will be accepting applications for both schools until the programs are full. *Once complete, please send in all sections together in order for us to begin the review process; only complete applications will be considered.*

A complete application will include all of the following sections:

1. Applicant Information Form and Essay
2. Agency Commitment Form
3. Supervisor's Letter of Recommendation

To be eligible for this program, applicants must have a strong supervisor recommendation and a bachelor's degree or at least 6 years' work experience.

Section 1: Applicant Information

First Name _____ Middle Initial ____ Last Name _____

Job Title _____

Agency _____

Providers' Council Member* (Circle one): Yes No

Work Address _____

Work Phone _____ Cell Phone _____ Fax _____

Preferred email address _____ Birth Date _____

Briefly describe your job _____

Briefly describe your previous work experience _____

Years of professional experience: _____ Years of supervisory/management positions: _____

Education: (check if completed or fill in number of years attended, if applicable, and include your area of study)

___ High school diploma/GED

___ Associate's Degree in _____ (area of study)

___ Bachelor's Degree in _____ (area of study)

___ Master's Degree in _____ (area of study)

Describe what you think your next job will be _____

Any reasonable accommodations required?

If so, please specify.

*Priority consideration will be given to employees of Providers' Council member organizations.

PROVIDERS' COUNCIL

Certificate in Nonprofit Human Service Management Program

2017-2018 Application

Section 2: Program Selection

The Certificate in Nonprofit Human Service Management involves six blocks of classes from August/September through June. The program is offered at Clark University in Worcester on Wednesdays and at Suffolk University in Boston on Fridays.

Select the program location you wish to attend:

Clark University, Worcester OR Suffolk University, Boston

If my first choice of location is unavailable, I'd like to be considered for the other location.

Section 3: Applicant Essay

Please attach a 500-word essay on why you would like to participate in this program, and specific ways this program will help you in achieving your career goals.

Section 4: Participation Contract

Please read the following contract and sign below.

I understand that my enrollment in the *Certificate in Nonprofit Human Service Management Program* requires my commitment to attend all classes, pay for class materials as required (nominal), 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 _____

Return your completed application with application fee made out to the **Human Service Providers Charitable Foundation, Inc.**, by **April 21st, 2017** to:

Certificate Program Admissions
Providers' Council
88 Broad Street, 5th Floor
Boston, MA 02110

Questions? Contact Zack Mooney at zmooney@providers.org or 617.428.3637 ext. 128

PROVIDERS' COUNCIL

Certificate in Nonprofit Human Service Management Program

2017-2018 Application

Supervisor's Recommendation Form

To be completed by the applicant's supervisor.

**One recommendation form must be submitted for each individual applicant*

Applicant's Name _____ Organization _____

Supervisor's Name _____ Supervisor's Title _____

Address _____ City _____ Zip _____

Phone _____ Email _____

- 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 Nonprofit Human Service Management Program.

Please also attach a signed recommendation letter (No more than 1 page)

Supervisor's Signature _____ Date _____
.....

Agency Commitment Form

To be completed by an authorized representative of sponsoring agency.

Tuition Fees:	Members	Non-Members
• Certificate in Nonprofit Human Service Management Program – Clark	\$2,900	\$5,650
• Certificate in Nonprofit Human Service Management Program – Suffolk	\$3,300	\$6,450

As the applicant's Sponsoring Agency representative, I have included a \$50 nonrefundable Agency Application Fee (a one-time fee, regardless of the number of applicants) along with this application and I agree to pay the tuition fee of _____.

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 all classes to be eligible to graduate. My agency agrees 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 Representative Signature _____ Date _____

Authorized Representative Name _____ Title _____

Return completed application, with **one-time** application fee made out to the **Human Service Providers Charitable Foundation, Inc.**, by **April 21st, 2017** to: *Certificate Program Admissions, Providers' Council, 88 Broad Street, 5th Floor, Boston, MA 02110.*

Questions? Contact Zack Mooney at zmooney@providers.org or 617.428.3637 ext. 128