

# PROVIDERS' COUNCIL

## Certificate in Nonprofit Human Service Management Program

### 2018-2019 Application

Please complete each of the following four sections and attach your completed Supervisor's Recommendation and Agency Commitment Form and return by April 27, 2018. Applications are reviewed on a rolling basis and space is limited. 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 \_\_\_\_\_

\*Optional: \*Race: \_\_\_\_\_ \*Gender: \_\_\_\_\_

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 \_\_\_\_\_

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

# PROVIDERS' COUNCIL

## Certificate in Nonprofit Human Service Management Program

### 2018-2019 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 27, 2018** to:

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

Questions? Contact Amanda McCarthy at [amccarthy@providers.org](mailto:amccarthy@providers.org) or 617.428.3637 ext. 128

# PROVIDERS' COUNCIL

## Certificate in Nonprofit Human Service Management Program

### 2018-2019 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	\$3,050	\$5,800
• Certificate in Nonprofit Human Service Management Program – Suffolk	\$3,450	\$6,600

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 27, 2018** to: *Certificate Program Admissions, Providers' Council, 88 Broad Street, 5<sup>th</sup> Floor, Boston, MA 02110.*

Questions? Contact Amanda McCarthy at [amccarthy@providers.org](mailto:amccarthy@providers.org) or 617.428.3637 ext. 128