

Nonprofit Leadership Certificate APPLICATION FORM



CENTER FOR NONPROFIT MANAGEMENT
strong nonprofits build strong communities



SMU

Please submit this application form along with your \$25 and completed registration form.

Semester applying for:

GENERAL INFORMATION

Today's Date: _____

- Spring (February - May)
 Fall (September - December)

Salutation: Dr. Mr. Ms. Mrs.

Name (Last) _____ (First) _____ (Middle Initial) _____ (Preferred Nickname) _____

Home Address _____

City _____ State _____ Zip+4 _____

Home Phone _____

Job Title _____ Agency _____

Agency Address _____

City _____ State _____ Zip+4 _____

Work Phone _____

E-mail Address _____

Do you wish mailings to go to your agency or home address? Agency Home

Please print your name as you wish it to appear on the certificate: _____

How did you hear about the program? _____ Referred by: _____

EDUCATION AND EMPLOYMENT

1. Indicate the highest educational level achieved: _____

For your highest educational level, what was your major and what institution did you attend?

Major: _____ Institution: _____

2. Have you previously completed any other professional development certificates? Yes No List: _____

3. Please indicate how long you have worked in the nonprofit sector and how long you been a nonprofit Executive Director/CEO:

Years paid experience in Nonprofit Sector: _____ Years as Nonprofit ED/CEO: _____

4. Please indicate other applicable work experience:

a) Firm or organization: _____

Job description: _____ How long? _____

b) Firm or organization: _____

Job description: _____ How long? _____

5. Who is paying for you to complete this certificate? (You may check more than one if there are multiple sources)

Self Employer Grant or aid program, please specify: _____ Other: _____

GOALS

6. Why are you pursuing this certificate program? Please number your 1st, 2nd and 3rd most important reasons:

____ Enhance your skills/job performance ____ Advance your career ____ Change careers
____ Earn CEUs, CPE, or other nonprofit units ____ Employer sponsored training requirement
____ Other, please specify: _____

7. On a separate sheet, please respond to the following questions. Please limit total responses to two pages.

- What are your professional and personal goals?
- How will the Certificate in Nonprofit Leadership program be of benefit to you / your career?
- What skills, talents, experience, and other attributes do you bring to the program?
- How can the Certificate in Nonprofit Leadership program best support you in developing your skills as a leader?
- What is the greatest organizational goal / challenge you face as a leader over the next year?

Return application to:
Center for Nonprofit Management
2902 Floyd, Dallas, TX 75204
Fax: 214-821-3845
Email: Education@cnmdallas.org