



**Certificate in Nonprofit Human Service Management Program**

**2022 - 2023 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.
They are 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 - \$3,300 \$6,700
Suffolk University

As the applicant's Sponsoring Agency representative, I have included a \$50 non-refundable 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 application fee made out to the Human Service Providers Charitable Foundation, Inc., by May 15, 2022 to: Certificate Program Admissions, Providers' Council, 100 Crossing Blvd., Suite 100, Framingham, MA 02110.

Questions? Contact Mesa Merritt at mesa@providers.org or 508.598.9700