



Certificate in Nonprofit Human Service Management Program

2023 - 2024 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 - Suffolk University \$3,500 \$7,000

Please read the below information and sign to acknowledge:

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 above 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 June 1, 2023 to: Certificate Program Admissions, Providers' Council, 100 Crossing Blvd. Suite 100, Framingham, MA 01702.

Questions? Contact Nina Walat at nina@providers.org or 508.598.9679