

SPORTS PHILANTHROPY CERTIFICATE PROGRAM APPLICATION

APPLICANT INFORMATION

Mr. Ms. Mrs. _____

Date _____

Name (Last, First, Middle)

Date of Birth

Home Address

City

State

Zip

Home Phone (Including Area Code)

Other Phone (Including Area Code)

@

Twitter

Email

EMPLOYER

Employer

Position/Title

Employer's Address

City

State

Zip

Work Phone (Including Area Code)

Work Fax (Including Area Code)

EDUCATION

Institution

Dates Attended

Major/Degree(s)

Institution

Dates Attended

Major/Degree(s)

SPORTS PHILANTHROPY EXPERIENCE

Number of years in the field

Previous experience

What are you hoping to gain from this program

How did you hear about the program?

PLEASE PROVIDE TWO REFERENCES

Reference Name 1

Organization

Email

Phone

Relationship

Reference Name 2

Organization

Email

Phone

Relationship

Applications can be submitted via email to sportsphil@gwu.edu.

Refund Policy: If you withdraw 30 days before the start date, refund is 100% of tuition minus \$100 withdrawal fee. If it is within seven days of the start date, no refund is granted. If it is between the 30 and 7 day mark you can receive a full credit to take the program the following year or a 50% refund.