

Pittsburgh Foundation Study Group

CAP[®] Chartered Advisor in Philanthropy[®]



ADMISSIONS APPLICATION

USE THIS FORM:

To update any of your data, when you register for graduate courses in the future.

- Please print.
- If you are applying for CAP[®] admission, you must sign the Admission Declaration.

COMPLETE AND RETURN THIS FORM

- Complete and mail or fax this form, with your required admission fee payment to:
Mary Ann Roselle
270 S. Bryn Mawr Avenue,
Bryn Mawr, PA 19010-2196
Fax: 610-526-1400

PRIVACY POLICY

- The American College respects the right to privacy of its students and is committed to safeguarding the personal information of each student. Please visit our website, TheAmericanCollege.edu to view the full policy.

YOUR KEY DATA

For all new students to complete and for returning students to update.

Legal Name: _____
Last First Middle Initial

SSN: _____

Birth Date: _____ Gender: Male Female

I am a new student

Your number may have fewer digits

I have previously enrolled

My student number is

BUSINESS ADDRESS (UPS cannot deliver to a PO box) Preferred for Shipping Preferred for Mail

Company Name/Affiliation: _____

Street: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Preferred Phone Number: _____

Fax Number: _____

E-Mail Address: _____
(required)

HOME ADDRESS (UPS cannot deliver to a PO box) Preferred for Shipping Preferred for Mail

Street: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

ADMISSION DECLARATION (must be signed by all new students to process admission)

I agree to be bound by The American College code of Ethics and Procedures and other ethical codes or standards that apply to this designation. I am aware that successfully passing the examinations is not the sole requirement for awarding of a designation and I agree that I shall not be entitled to the designation unless I meet any experience or ethical standards established by the Board of Trustees. I understand that I must complete the educational requirements for a particular program within 5 years from the date of the initial course registration in that program. I further understand that upon the award of my designation, I will be obligated to comply with all continuing education requirements and pay any associated recertification fees required by The American College to maintain use of the designation. The American College reserves the right to void any examination if, in its sole opinion, there is reason to question its validity. I agree to be bound by the policies of The College and understand that it is my responsibility to make myself aware of additional policies announced in the future that are applicable to my designation.

All new students must sign here: _____ Date: _____

REQUIRED COURSES

GS 839 Planning for Impact in the Context of Family Wealth

GS 849 Charitable Strategies

GS 859 Gift Planning in a Nonprofit Context

EXAM PERIODS (check one)*

Jan-Mar Apr-Jun Jul-Sep Oct-Dec

* The American College courses have exam testing periods to ensure that your examination reflects the study materials you receive.

Do you have an insurance license? Yes No If yes, what is your state of licensure and your license number?

State: _____ License Number: | | | | | | | | | | | | | | | | | | | | | |

I request CE credit for my course(s) Yes No CE Fee \$ _____ (If left unchecked, CE will not be processed)

To review the most current CE fees, please visit TheAmericanCollege.edu/CE

FEES

Admission Fee (\$140) \$ _____

Course Tuition (\$1,185) \$ _____
or Non Profit (\$950)

Shipping and Handling (\$25) \$ _____

Continuing Education Fee \$ _____

Total \$ _____

METHOD OF PAYMENT

Check: (make check payable to The American College)

Charge: VISA MC AmEX Discover

Account No. Expires:

Signature: _____ Date: _____