



**APPLICATION COVER SHEET
CELEBRANT USA FOUNDATION & INSTITUTE**

Print this application cover sheet and return it to the Celebrant USA Foundation & Institute with your completed application materials to the address below, by email to Cynthia Reed, Director of Academic Studies, at cynthiakreed@celebrantusa.com or by fax to: **(973) 746-1775**.

Questions? Contact Cindy at **973.746.1792** or by direct dial at **1.973.249.3974**.

Date: _____

Name: _____

Email: _____

Address: _____

Primary Telephone: _____ Home Business Cell (circle one)

Secondary Telephone: _____ Home Business Cell (circle one)

Fax: _____

Website, if any: _____

How did you discover our organization? _____

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:

___ Personal Statement of 1-2 pages explaining why you wish to become a Celebrant

___ Resume

___ This completed application cover sheet

I AM APPLYING FOR THE FOLLOWING CERTIFICATE PROGRAM:

- ___ Weddings and other Ceremonies for Couples
- ___ Funerals and other Ceremonies for Healing
- ___ Ceremonies for Families, Children and other Life Transitions

I AM APPLYING TO TAKE THE COURSES:

- ___ Online
- ___ In person at the Celebrant USA Foundation & Institute in Montclair, New Jersey

If you are admitted into the program, may we share your contact information with other students and celebrants? (circle all applicable):

Email Telephone Address

OPTIONAL: PAYMENT INFORMATION

Note: Your payment will not be processed until you have been accepted into the program.

Amount Enclosed or authorized (explained in informational letter above): _____

Type of Credit Card: MasterCard Visa

Credit Card No. (or call in to (973) 746-1792): _____

Name on Credit Card: _____

Billing Address: _____

Expiration Date: _____

I hereby apply to the Celebrant USA Foundation & Institute’s program in Celebrancy Studies. I agree that as a Celebrant, my mission will be to create and perform ceremonies in accordance with my clients’ beliefs, philosophies and values, and that my personal beliefs will be immaterial in this process. I will provide my services without regard to race, color, gender, sexual orientation, or national and ethnic origin.

Signature of Applicant: _____