



APPLICATION COVER SHEET CELEBRANT FOUNDATION & INSTITUTE

Please complete this **application cover sheet** and return it via email to Charlotte Eulette, International Director at charlotteeulette@celebrantinstitute.org . Or FAX to (973) 746-1775.

If you have any questions or need assistance, you may contact Charlotte by phone at (973)746-1792.

1. Contact information:

Date: _____

Name: _____

Email: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Country: _____

Primary Telephone: _____ Home Business Cell (circle one)

Secondary Telephone: _____ Home Business Cell (circle one)

Fax: _____

2. How did you find out about the Celebrant Foundation & Institute?

Please check all that apply: Internet, Yoga Journal Mag, Spirituality & Health Mag, Via a Book or Article Attendance to a Ceremony, CF&I social media or website, friend or Celebrant (include name if you would like us to send them a thank you note) _____

3. YOUR APPLICATION MUST INCLUDE THIS COMPLETED COVER SHEET PLUS:

- A Personal Statement of 1-2 pages explaining why you wish to become a Celebrant
- Resume if you have one, or 1-2 paragraph description of your life's work if a resume is not available

I AM APPLYING FOR THE FOLLOWING CERTIFICATE PROGRAM(S):

- Wedding Celebrancy Certificate
- Funerals Celebrancy Certificate

- Ceremonies for Across the Life Cycle Ceremony Certificate

Returning Students ONLY

- Healing and Transition Ceremonies Certificate
- Celebrant 360 Degree Business Development Certificate
- Master of Celebrancy Certificate

3. PLEASE CHECK THE TERM YOU ARE APPLYING FOR:

- Winter Term: January 29th, 2018 – April 13th, 2018
- Summer Term: June 4th, 2018 – August 10th, 2018
- Fall Term: September 24, 2018- December 7th, 2018

4. OPTIONAL: PAYMENT INFORMATION

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

Amount in US dollars: _____

Type of Credit Card: MasterCard or Visa _____

Credit Card # (or call (973) 746-1792): _____

Name as it appears on Credit Card: _____

Billing Address with Country and Zip Code:

Expiration Date: _____ CCV# _____

I hereby apply to the Celebrant Foundation & Institute's program in Celebrancy Studies. I agree that as a Certified Life-Cycle 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, religion, sexual orientation, or national and ethnic origin.

Signature of Applicant: _____

Electronic Signature or Sign and Scan to email or print to Fax your application, see instruction at the top of the form.