



[www.celebrantinstitute.org](http://www.celebrantinstitute.org)

## APPLICATION COVER SHEET CELEBRANT FOUNDATION & INSTITUTE

Please complete this **application cover sheet** and return it via FAX to (973) 746-1775 or SCAN with your application materials to Charlotte Eulette [charlotteeulette@celebrantinstitute.org](mailto:charlotteeulette@celebrantinstitute.org) .

Feel free to contact: Charlotte Eulette, International Director at at [charlotteeulette@celebrantinstitute.org](mailto:charlotteeulette@celebrantinstitute.org) or call (973)746-1792 for assistance.

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: \_\_\_\_\_

How did you find out about the Celebrant Foundation & Inst?

*Please circle one or more 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.

### **PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION:**

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

\_\_\_\_ Resume or a paragraph or two about your life's work

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

- \_\_\_ Wedding Celebrancy Certificate
- \_\_\_ Funerals Celebrancy Certificate
- \_\_\_ Ceremonies for Across the Life Cycle Ceremony Certificate
- \_\_\_ Healing and Transition Ceremonies Certificate
- \_\_\_ Celebrant Business Development Certificate
- \_\_\_ Master of Celebrancy Certificate

**PLEASE CIRCLE THE TERM YOU ARE APPLYING FOR:**

- **Fall Term: September 25<sup>th</sup> – December 8<sup>th</sup> 2017**
- Winter Term: February 19<sup>th</sup> – April 30<sup>th</sup> 2018
- Summer Term: June 4<sup>th</sup> – August 13<sup>th</sup> 2018

**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: \_\_\_\_\_

*Thank you!*