

COUNCIL FOR RELATIONSHIPS
Certificate Program in Congregational and Family Systems Academy
Application Form

Personal Information

Name: _____

Date: _____

Profession: _____

Social Security # _____

Home Address: _____

City, State, Zip: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Email address: _____

Date of birth: _____ Gender: _____

Religious Affiliation/
Denomination: _____

Race (please check): African-American Caucasian/White Asian/ Asian-American
American Indian/Alaska Native Hispanic/Latino Native Hawaiian/Pacific Rim
Multiracial Other: _____

Graduate Degrees:

Degree: _____

University: _____

Number of academic credits: _____

Dates: _____

Specialization: _____

Degree: _____

University: _____

Number of academic credits: _____

Dates: _____

Specialization: _____

Prior Study of Family Systems Theories: If you have previously studied a family systems theory (or other approaches to understanding human functioning or formation), when, where, and for how long did you study?

Learning Goals: Describe your reasons for desiring to participate in the Congregational Systems Academy. Outline some preliminary goals for yourself as a result of your participation in this training.

Current Employment (if applicable):

Title: _____
Location: _____

Dates: _____
Description: _____

Previous Employment (if applicable):

Title: _____
Location: _____

Dates: _____
Description: _____

How did you hear about Council for Relationships?

I'd like to receive information from the Council about other programs, courses, and activities.

Please send the following by mail or e-mail to:

Academic Administrator, Post-Graduate Certificate Program
Council for Relationships
4025 Chestnut St. First Floor
Philadelphia, PA 19104
Postgrad@CouncilforRelationships.org

1) Autobiography 2–4 pages

The autobiography should include both personal and professional information that explains your interest in this program.

2) Transcripts

Official transcripts must be sent directly to Council for Relationships from all the colleges/ universities where you completed graduate level training.

3) References

Three letters of reference from individuals who know you both professionally and personally.

Application Fee:

A non-refundable \$50 application fee must accompany this form (if not submitted online). Please make check payable to: Council for Relationships.