



COMMUNITY COUNSELOR CERTIFICATE COURSE

323-937-1344

**Southern California Counseling Center  
Program Application**

[www.sccc-la.org](http://www.sccc-la.org)

**I would like to apply for the *ccc* Course (class 38) beginning January 14, 2011**

Classes are 9:30 AM to 1:00 PM at the Southern California Counseling Center  
5615 West Pico Boulevard Los Angeles, CA 90019

\_\_\_\_\_ **I will pay \$485.00** for the six-month certificate training. I am aware that in order to reserve a seat in the class a deposit of \$100.00 must be received by the **Director of Outreach Services** along with this application. The balance is due at the beginning of the Certificate Course unless prior arrangements have been made with the **Director of Outreach Services**.

***If you are able to pay in full before January 07, 2011 you pay \$450.00***

\_\_\_\_\_ **\$100.00 deposit is enclosed I will pay the balance of \$385.00**

\_\_\_\_\_ On the first day of class

\_\_\_\_\_ Need to make arrangements for payments

\_\_\_\_\_ Please invoice my agency or School (Will bring information for billing)

\_\_\_\_\_ I would like to apply for a partial scholarship. I am aware that the maximum scholarship awarded is based on my additional information and availability of funds. *(Additional Paperwork required)*

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Fax #: \_\_\_\_\_ e-mail address: \_\_\_\_\_

**Please fill out information completely.**

I am aware that should I drop from the class the tuition is still owed to the Center.

\_\_\_\_\_  
Signature

Marianne Diaz, **Director of Outreach Services (extension)**  
[mdiaz@sccc-la.org](mailto:mdiaz@sccc-la.org)

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