



COMMUNITY COUNSELOR CERTIFICATE COURSE

323-937-1344

**Southern California Counseling Center
Program Application**

www.sccc-la.org

I would like to apply for the CCC Course (class 41) beginning July 6th, 2012

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 June 15th, 2012 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

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