2	Application - April 20	23
{ }	New Hampshire Government Accounting Certificate Program New Hampshire Government Finance Officers Association 25 Triangle Park Drive, Suite 102	
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NHGFOA	Concord, NH 03301	
	Email: info.nhgfoa@gmail.com	
Today's Date Certificate Program \$300.00	Would this Gove New Inf A Refres	
Please Indicate whether you are tak	ing Excel or QuickBooks:	
Personal and Current Work Informa	tion:	
Name:		
Employer:		
Work Address:		
Phone:		
Supervisor: Phone:		
r none:		
Work History:		
•	Employer:	
Accounting Skills Used:		
Work History:		
Title:	Employer:	
Accounting Skills Used:		
Educational Experience:		
Institution:	Degree:	Year Completed:
Educational Experience:	D	
Institution: Degree: Year Completed:		
your personal goals:	explaining why you would want to participate in the NH Governme	
Applicant Signature:	Date:	
Supervisor's Support Statement: "My s Program offered by NHGFOA and tha	ignature below indicates that I fully support this candidate's entry into t funding has been approved."	o the NH Government Accounting Certificate
Supervisor Signature:	Date:	
Please be advised t	**Cancellation/Substitution Policy** hat no refunds will be issued and no substitutions can be made one	ce 4 classes have been taken.
Please do not process payme	nt until applicant has been accepted into the program and	an invoice from NHGFOA is received
DO NOT FILL OUT BELOW THE LINE		
Application Received On:		
Payment Received On:	Check #	