



# Application

## New Hampshire Government Accounting Certificate Program

New Hampshire Government Finance Officers Association

25 Triangle Park Drive, Suite 102

Concord, NH 03301

Email: [info.nhgfoa@gmail.com](mailto:info.nhgfoa@gmail.com)

Today's Date \_\_\_\_\_

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

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

FULL Work Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Standard Class Rate    \$50.00

Class(es) Requesting to Take: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Supervisor's Support Statement: "My signature below indicates that I fully support this candidate's entry into the NH Government Accounting Certificate Program offered by NHGFOA and that funding has been approved."

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*PLEASE DO NOT PROCESS PAYMENT UNTIL AN INVOICE FROM NHGFOA IS RECIEVED\*\***