



2021 Admissions Application

USE THIS FORM:

For new students or to update any of your data when you register for graduate courses in the future.

COMPLETE AND RETURN THIS FORM

Complete and ~~xxx~~ email, or fax this form, with your required tuition payment to:

The American College of Financial Services
Attn: Elaine Gulezian
630 Allendale Road, Suite 400
King of Prussia, PA 19406
Fax: 610-526-1359

Elaine.Gulezian@TheAmericanCollege.edu

PRIVACY POLICY

The American College of Financial Services respects the right to privacy of its students and is committed to safeguarding the personal information of each student. Please visit www.TheAmericanCollege.edu to view the full policy.

YOUR KEY DATA (please print)

Legal Name: _____
Last First Middle Initial

SSN: _____ Birth Date: _____ Gender: Male Female

I am a new student

Your number may have fewer digits

I have previously enrolled My student number is

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BUSINESS ADDRESS (UPS cannot deliver to a PO box) Preferred for shipping and mail

Company Name/Affiliation: _____

Street: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

Business Phone Number: _____

Mobile Phone Number: _____

Preferred E-Mail Address: _____
(required)

HOME ADDRESS (UPS cannot deliver to a PO box) Preferred for shipping and mail

Street: _____

City: _____ State: _____

Zip/Postal Code: _____ Country: _____

PLEASE CHECK ONE:

I am enrolling in the CAP® prepaid package

You will be enrolled in the following course order unless you contact us with your preference:

GS 839, GS 849, GS 859

I am enrolling in a single CAP® course: Please select your course

GS 839 Planning for Impact in the Context of Family Wealth

GS 849 Charitable Giving Strategies

GS 859 Gift Planning in a Nonprofit Context

Note: Your testing window for each course will begin on the day that your enrollment is processed, and you will have the rest of the current month plus the next four months to take your exam.

Do you need Continuing Education for your insurance license? Yes No *If yes, what is your state of licensure and your license number?

State: _____ License Number: _____

CAP® PACKAGE PRICING

For profit - \$3,800

Nonprofit - \$3,000

PER COURSE ENROLLMENT FEES

Course Tuition (for profit) - \$1,895

Course Tuition (nonprofit) - \$1,350

*Prices are all-inclusive

METHOD OF PAYMENT

Check: (make check payable to The American College of Financial Services)

Charge: VISA MC AMEX Discover

Account No.

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Expires:

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Signature: _____ Date: _____

A limited number of \$500 scholarships may be available to students not being reimbursed by an employer. Please contact us for details.