



HAMILTON Community Foundation

Established 1951

Youth Philanthropy Committee

APPLICATION FORM

Please TYPE your application

Name: _____ Male Female Date of Birth _____

Home Address: _____

Telephone: (H) _____ (Cell) _____ Email: _____

Parent(s)/Guardian(s) Name(s): _____

School (check one): Hamilton, Badin New Miami Ross Grade you will be in 2021-2022 school year: _____

List your Extracurricular Activities: _____

List your Volunteer/Community Involvement: _____

Please write a brief essay about why you want to serve on this Committee.

How do you define philanthropy? (Please give examples) _____

How did you hear about the Youth Philanthropy Committee: _____

Please attach three letters of recommendation (*i.e. teacher, employer, pastor, family friend, etc.*).

Please return your completed application with your letters of recommendation to your counselor by Monday, April 15, 2021.