



Hamilton Community Foundation Women Inspiring Philanthropy Initiative

APPLICATION

*Please complete the application and include your personal contribution of \$250 registration fee with your application. If needed, \$200 may be made in installments. **Please return your application by July 31, 2024.***

Name: _____ Email: _____ Cell: _____

Address: _____ CITY, STATE, ZIP: _____

Employment

Employer: _____ Contact: _____

Position: _____ Work Phone: _____

Dates of employment: _____

Education

High School: _____ College: _____

Degree _____ Year graduated college: _____

Please describe your interest in your community and philanthropy. What issues impacting women and girls are most important to you, and why? What draws you to want to be a participant in the Hamilton Community Foundation's Women Inspiring Philanthropy Initiative?

I understand the commitment involved as a participant in the Women Inspiring Philanthropy Initiative and I agree to attend and participate in all classes as requested. If an emergency arises and I cannot attend, I will notify the Foundation immediately.

Signature of participant

Date

If you have any questions, contact Katie Braswell, Vice President – kbraswell@hamiltonfoundation.org.

Employer Support for the Women in Philanthropy Initiative

(Please provide to your employer.)

The Hamilton Community Foundation's Women Inspiring Philanthropy Initiative is excited to announce that _____ has been invited to participate as a member of 2024-2025 Women Inspiring Philanthropy Initiative. To complete their acceptance in the class, it is important for Women's Fund to know they will receive the support and the time from your company to be an active participant. Participants are expected to attend every class, be on time and stay for the entire class. The dates are listed below for your information. The class will meet 3pm – 5 pm the first Thursday of the month (unless otherwise noted). Locations are to be determined.

September 5, 2024
October 3, 2024
November 7, 2024
January 9, 2025

February 6, 2025
March 6, 2025
April 10, 2025
May 1, 2025

June 5, 2025
Graduation on
June 12, 2025

☐ Yes, I/we support our employee to participate in the Hamilton Community Foundation Women Inspiring Philanthropy Initiative.

Company Name: _____

Address: _____ City, State, ZIP: _____

Print Employer contact name

Signature of employer

Date



Return application to Katie Braswell, Vice President – kbraswell@hamiltonfoundation.org

Hamilton Community Foundation
319 N. Third Street | Hamilton, OH 45011