

# 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 and due by June 14, 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](mailto: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 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. Locations are to be determined.

September 5, 2024  
October 3, 2024  
November 7, 2024  
January 2, 2025

February 6, 2025  
March 6, 2025  
April 3, 2025  
May 1, 2025

June 5, 2025  
August 7, 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: Hamilton Community Foundation  
319 N. Third Street | Hamilton, OH 45011

If you have any questions, contact Katie Braswell, Vice President – [kbraswell@hamiltonfoundation.org](mailto:kbraswell@hamiltonfoundation.org).