

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 31,2025.**

Name:	_Email:	Cell:
Address:	CITY, STATE, ZIP:	
Employment		
Employer:	Contact:	
Position:	Work Ph	one:
Dates of employment:		
Education		
High School:	College:	
Degree	Year gradu	uated college:
	What draws you to want to be	y. What issues impacting women and girls are a participant in the Hamilton Community

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 – <u>kbraswell@hamiltonfoundation.org</u>.

Women Inspiring Philanthropy Initiative | Hamilton Community Foundation | 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 2025-2026 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 4, 2025 October 2, 2025 November 6, 2025 January 8, 2026

February 5, 2026 March 5, 2026 April 9, 2026 May 7, 2026

June 4, 2026

Graduation on June 11, 2026

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

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