



**2. What do you want to learn from Philanthropy Camp?**

**3. What community service or non-profit experience are you doing currently?**

**4. What community service or non-profit experience have you had in the past?**

**\*\*Payment Information**

**Please enclose \$1,250 for one-week session. Please make your check payable to *Grab The Torch, LLC*.**

**Scholarships are available.  Please send me information on receiving a scholarship.**

All scholarships are made possible by the generous contributions of our supporters.

Amount Enclosed \$\_\_\_\_\_ Method of Payment \_\_\_Check \_\_\_Credit Card - Visa/MC/AMEX (complete information below)

I would like to make a contribution to Philanthropy Camp's Scholarship Fund.

\_\_\_ Visa \_\_\_ MasterCard \_\_\_ AMEX Card# \_\_\_\_\_ CVV#  Expiration Date: \_\_\_\_\_

Street Number of Card Billing Address: \_\_\_\_\_ Zip Code of Billing Address \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_