

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 \$950 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 only** (complete information below)

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

___Visa ___MasterCard Card # _____ CVV# Expiration Date _____

Street Number of Card Billing Address _____ Zip Code of Billing Address _____

Name of Cardholder _____

Signature of Parent or Guardian _____

Date _____