



PARTNERSHIP APPLICATION

Partnering Company/Organization Name:

We Would Like to Partner with the Following School(s):

Name of Contact:

Title:

Company/Organization Name:

Address:

City:

State:

ZIP Code:

Work Phone:

Cell Phone:

Fax:

E-mail:

ADDITIONAL CONTACTS FOR THIS PARTNERSHIP

Name of Additional Contact (if applicable):

Company/Organization Name:

Title:

Address:

City:

State:

ZIP Code:

Work Phone:

Cell Phone:

Fax:

E-mail:

**CONTACT NAME FOR UPPER MANAGEMENT (CEO, PRESIDENT, MANAGER, ETC.)
(THE PERSON THAT DECIDES TO PARTNER OR CONTINUE TO PARTNER WITH A SCHOOL)**

Name of Additional Contact (if applicable):

Company/Organization Name:

Title:

Address:

City:

State:

ZIP Code:

Work Phone:

Cell Phone:

Fax:

TELL US ABOUT YOUR BUSINESS OR ORGANIZATION

What are your business goals for this partnership?

EXPECTATIONS OF A PENCIL PARTNER

- Commit to work together for a school year.
- Identify a partnership coordinator who will be the chief contact with the school.
- Participate in a planning session to determine how best to work together with the school and with other partners.
- Support the goals of the school in at least one activity.
- Report the time your organization spends on the partnership through www.schoolvolunteers.org.

SIGNATURE

What Can We Do to Help Make Your Partnership Successful?

Signature of applicant:

Date:

Please send to PENCIL Foundation, 421 Great Circle Road, Nashville, TN 37228; FAX 615-254-6748; Email ntroutman@pencilfd.org