



## Academy Partnership Information

Partnering Company Name: \_\_\_\_\_

We Would Like to Partner with the Following School and Academy:

School: \_\_\_\_\_ Academy: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ADDITIONAL CONTACTS FOR THIS PARTNERSHIP

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### EXPECTATIONS OF AN ACADEMY PARTNER

- Commit to work together for at least one school year.
- Identify a partnership coordinator who will be the chief contact for the school.
- Participate in a planning session with the school's Academy Advisory Board to determine how best to work together with the school and with other academy partners.
- Support the goals of the academy in at least one activity.
- Report the time your organization spends on the partnership through [www.schoolvolunteers.org](http://www.schoolvolunteers.org).

Partner signature: \_\_\_\_\_ Date: \_\_\_\_\_

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