

Partnership Application

Name _____

Position _____

Organization _____

Phone _____

E-mail Address _____

Address _____

City, State Zip _____

Please Check

- I would like more information

What services could you, your business or your organization offer?

- Volunteer Time
- Tutoring
- Equipment
- Supplies
- Discounts to teachers
- Reward/incentives
- Project funding
- Advisory Committee
- Campus Quality Improvement Council
- Other

- Comments or questions

Once completed, return application to Jo Ann Rice of TISD.
4241 Summerhill Road, Texarkana, TX 75503 903.794.3651

Thank you for your support!