



Partnership Intent Form

Organization Name _____

Address _____

City, State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Point of Contact _____ Title _____

School(s) Referenced _____

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> My organization will participate in the local work-force development partnership with GEAR UP. We will participate by: | <input type="checkbox"/> Providing opportunities for job shadowing |
| <input type="checkbox"/> Providing mentors for students | <input type="checkbox"/> Participating in the schools' Career Day |
| <input type="checkbox"/> Providing tutors for students | <input type="checkbox"/> Providing opportunities for student internships |
| <input type="checkbox"/> Hosting worksite information workshops | <input type="checkbox"/> Providing school resources |
| <input type="checkbox"/> Creating a school incentive program | <input type="checkbox"/> Participate in Speakers Bureau |

List alternative projects the organization is willing to provide: _____

Signature _____ Date _____

Title _____

**** Fax or mail this form to: Cynthia M. Bennett, Director of Business Relations – SC GEAR UP
1301 Gervais Street, Suite 1100, Columbia, SC 29201 Fax: 803-343-5894**