



## **REQUEST FOR PARTNERSHIP**

Thank you for your interest in a partnership with Ashworth College. This form is to be completed so we can better understand your expectations and needs. We look forward to the possibility of partnering with you and your students.

Please complete this form and email or fax it to: Melissa Maddox at <a href="mailto:mmaddox@ashworthcollege.edu">mmaddox@ashworthcollege.edu</a> or fax 770.729.1902. If you have any questions, please call Melissa Maddox at 770.417.3011.

Address:		City:	State:	Zip:	
Point of Contact:		Phone:	E-Mail		
Website Address:					
Structure of Company:	501C	Individual/Sole Proprietor	For Profit	Non-Profit	t
Partnership	Corporation	Other (Describe)			
ich of the below partnershi	ps are of intere	est to you?			
Corporate Sponsorship assistance to complet		oonsors employees, may pro ogram.	vide employees wi	th time off or	tuition
Broker Sponsorship: after students are enr		nd routes prospective stude	nts to Ashworth. N	lot involved w	vith stude
		nds and routes prospective s er students are enrolled.	tudents to Ashwor	th and provid	es ongoir
Other. Please explain					
ase advise us of the feature Expected Number of Stu	dents Per Year	hip you are requesting with .: Anticipate	ed Start Date:		
se advise us of the feature Expected Number of Stu	dents Per Year		ed Start Date:		
ase advise us of the feature Expected Number of Stu Desired Length of Partne	dents Per Year ership:	: Anticipate	ed Start Date:	Masters	Caree
ase advise us of the feature Expected Number of Stu Desired Length of Partne Desired Educational Leve What are your expected goa	dents Per Year ership: el(s): Hig ls/results from	: Anticipate	On-Going Bachelors opportunity to fu	Masters Ther their educations in the state of the state o	Careel ucation?
ase advise us of the feature Expected Number of Stu Desired Length of Partne Desired Educational Leve What are your expected goa	dents Per Year ership: el(s): High Is/results from udents other to	: Anticipate One Time h School Associates providing students with the raining programs or have you	On-Going Bachelors opportunity to fu	Masters Ther their educations in the state of the state o	Careel ucation?
ase advise us of the feature Expected Number of Stu Desired Length of Partne Desired Educational Leve What are your expected goa Are you currently offering st f yes, please describe. (I.e.	dents Per Year ership: el(s): Hig ls/results from udents other to Types of training	: Anticipate One Time h School Associates providing students with the raining programs or have you	On-Going Bachelors opportunity to full provided training	Masters  Ther their education in the state of the state o	Careelucation? the past?

Completing this form in no way implies a contract or agreement between your entity and Ashworth College.

References provided above may be contacted as part of the review process.

All approved partners will need to agree to comply with our accrediting and licensing requirements.

Advisory Board and you will be contacted soon.