



Office Use Only

☐ Approved
☐ Denied
Business License Received Y / N
BBB Rating _____
Renewal Date: _____

Partnership Application

Thank you for applying to be a business partner with the Canyons School District. Please fill out the entire application and sign at the end.

A. Company/Vendor Name: _____

Chief Executive Officer: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Facsimile: _____

Web Address: _____

Please indicate whether this is an application for an initial or renewal registration

☐ Initial Application ☐ Renewal Application

Type of Organization/Doing Business As: _____

☐ Individual ☐ Partnership ☐ Proprietorship ☐ Corporation ☐ Joint Venture ☐ Other

Company Representative Name: _____ **Email Address:** _____

Street: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Facsimile: _____

B. Program

Please describe in [X] characters how you would like to partner with Canyons School District or our schools. Include, if applicable, percentage back to schools/PTA, volunteer availability, in-kind or monetary, etc.:

Are you also interested in donating product and/or services to Canyons School District Teachers of the Year and fundraisers that support teacher grants and student scholarships? **Y / N**

(If so, we'll reach out to you to let you know when such events are on the horizon.)

C. References (Renewing partners may skip this section)

Provide a minimum of three (3) references where the proposed fund-raising program has been successful. Vendor must provide contact names and telephone numbers.

Organization	Contact Name	Telephone Number
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1.

2.

3.

D. Additional Information

- ☐ Copy of your current business license
- ☐ Marketing brochures, program information and documents related to the proposed partner program
- ☐ Has your organization partnered with any other school district or schools in the state (other than Canyons School District)? Y / N
 - ☐ If so, please list here: _____

E. By signing this application, vendor consultant/representative:

- ☐ Affirms that this application is complete and not misleading; and
- ☐ Acknowledges that contacting schools, administration, or district personnel will not commence until the organization/vendor representative has received a letter confirming approval status.

Applicant Signature: _____ Date: _____

Title: _____

**Return completed form to the Canyons Education Foundation: 9361 South 300 East Sandy, UT 84070 or
email to: donate@canyonsdistrict.org**