

# WonderED Community Partner Application

Thank you for your interest in partnering with WonderED Learning!

Please complete the application below so we can learn more about your organization and how you'd like to collaborate with us.

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## Section 1: Organization Information

**Organization Name:**

**Primary Contact Name:**

**Email Address:**

**Phone Number:**

**Website / Social Media (if applicable):**

**Address (physical or mailing):**

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## Section 2: Type of Partnership

Please describe the type of partnership you're interested in:

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## Section 3: Program Description

1. Briefly describe your organization and its mission:
2. What services, programs, or resources can you offer WonderED students?

3. Are there specific topics, skills, or areas of focus your organization specializes in?
  4. What age groups or grade bands are you best suited to serve?
  5. Describe any previous experience working with youth or schools (if applicable):
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## **Section 4: Logistics and Support**

1. Days/times you are available to offer programs or host students:
2. Do you have a physical space available for learning activities?

If yes, describe the space (size, equipment, internet, accessibility):

3. Do you or your staff have any certifications or clearances required to work with minors in your state?
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## Section 5: Vision and Alignment

1. Why do you want to partner with WonderED?
  2. How does our mission align with your goals or values?
  3. What outcomes would you hope to achieve through this partnership?
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## Final Steps

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Once completed, please submit this form to:  **partners@wonderedk12.com**

Thank you for your commitment to student-centered, community-driven learning!