

## Partner Interest Form

*Thank you for your partnership interest with Quantum Studios Institute for Technology. Please complete the below application form and attach a copy of your resume with any supporting information regarding your organization.*

Name:

*Last*

*First*

*Middle Initial*

Address:

*Street Location*

*City and State*

*Zip Code*

Telephone:

*Preferred Phone Number*

Email:

*Preferred Email Address*

**Company Name**

---

**Business Type**

---

I certify that the information stated on this application is true and correct to the best of my knowledge and belief and is made in good faith.

---

**Printed Name**

**Signature**

---

**Date**

Thank you for taking the time to complete this application. Upon receipt of the application form, a Quantum Studios staff member will contact you. Please note that all partnerships are for the benefit of helping our students learn from you and the services that you offer with a knowledge of how this information is best delivered to the community. We look forward to hearing from you and appreciate the generous offer of partnership!

Email this application to [Administration@QuantomStudios.org](mailto:Administration@QuantomStudios.org)