|  |  |  |
| --- | --- | --- |
| Office of the Superintendent **P.O. Box 125**  **205 Main Street**  **Gatesville, NC 27938**  **(252) 357-1113**  **Dr. Phillip Barry Williams**  **Superintendent** | New GCS logo.jpgGates County Schools | **BOARD MEMBERS**  **Chair**  **Sallie J. Ryan** Vice-Chair **Ray Felton**  **Members**  **Leslie Byrum** Terri RiddickRonnie Riddick |

**Gates County Community Partners Application**

Organizations wishing to be designated as a Gates County Schools Community Partner must submit this application to confirm their eligibility. A Community Partner is defined as an organization that contributes volunteer time, resources, and/or funding to support the school system's goal of working together with students, parents, and the community to provide an exceptional education that helps develop students of strong character, ready for the future.

Name of Organization:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Organization:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:    \_\_\_\_    Zip:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                    Contact Phone #:\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kindly provide a comprehensive list of the activities and contributions (including educational, material, and financial support) that your organization has made to the Gates County School System or the Gates County Community. Please highlight the ways in which your organization's efforts align with the qualifications for becoming a designated Community Schools Partner. If needed, feel free to attach additional sheets to provide further details:

|  |
| --- |
|  |