



**HEART**  
*of* **TEXAS**  
heartoftex.org

# HEART of Texas Home School Organization Partner

**Please Complete Form (use back if needed). Mail with Check Payable to:** HEART of Texas  
P.O. Box 211882  
Bedford, TX 76095-1882

**Partnership:**  \$30/Year **Start Date:** \_\_\_\_\_

**Please Print:**

Organization Name: \_\_\_\_\_ County: \_\_\_\_\_

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

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Org. Phone: \_\_\_\_\_ Org Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Contact Person's Phone: \_\_\_\_\_ Contact Person's Email: \_\_\_\_\_

Please know that your personal information is never shared -- it is for our office use only, in case we need to contact you directly.

Approximately how many home school families do you currently service? \_\_\_\_\_ How long have you been in existence? \_\_\_\_\_

Which best describes your member policy?:  Christian only  Open to all  Secular  Other: \_\_\_\_\_

Do you require that families sign a statement of faith to participate? Y N Do you charge fees for your service? \_\_\_\_\_

Does anyone in your organization receive a salary, commission, or other compensation, or is your organization completely volunteer-operated?

What type(s) of service(s) do you provide to home school families? \_\_\_\_\_

At what time(s) of the year does the organization offer programs to home school families?  Fall  Spring  Summer  Winter

At what time(s) of the year does the organization recruit home schoolers for those programs?  Fall  Spring  Summer  Winter

Do families commit for the whole year or by semester? \_\_\_\_\_

Can new families join your program:  mid-year  mid-semester  anytime as long as there are openings  during open recruitment only

As a Partner, would you consider letting families in your organization know about HEART of Texas and our free newsletter? Y N

What webpage would you like for us to link to? \_\_\_\_\_ Would you provide a mutual link to our site, heartoftex.org? Y N

Please provide the name of at least one other person in your organization as an alternate contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a brief description of the organization for our website (use back if needed):

\_\_\_\_\_  
\_\_\_\_\_

**Contact Us:**

817-803-3734

[members@heartoftex.org](mailto:members@heartoftex.org)

