



**HEALTH SERVICES ACADEMY HIGH SCHOOL**  
*an Alliance College-Ready Public School*



I would like to learn more about potential ways to partner with Health Services Academy (HSA) High School. Please send more information or contact me about the following opportunities:

**Partnership Opportunities:**

- |  |  |
|--|--|
| <input type="checkbox"/> Clubs and Extra-Curricular Activities                             | <input type="checkbox"/> Career Readiness Training |
| <input type="checkbox"/> Donations (monetary and in-kind)                                  | <input type="checkbox"/> Medical Training          |
| <input type="checkbox"/> Field Trips   | <input type="checkbox"/> Service Learning          |
| <input type="checkbox"/> Internships   | <input type="checkbox"/> Speaker Series            |
| <input type="checkbox"/> Job Shadowing   | <input type="checkbox"/> Student Mentoring         |
| <input type="checkbox"/> We welcome suggestions for other partnership opportunities: _____ |  |
- 

**Contact Information:**

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

Title (if applicable): \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Best Method of Contact:  Phone  Email  Mail

**Please send this completed form to:**

Health Services Academy High School  
Attn: Work-Based Learning Program  
P.O. Box 1611  
Gardena, CA 90249  
Fax: (323) 905-1578  
Email: [estryffeler@laalliance.org](mailto:estryffeler@laalliance.org)

***Thank you for your interest in becoming an HSA partner!***