

**STATE STUDENT ADVISORY COUNCIL ON EDUCATION
APPLICATION**

Please Print Clearly or Type:

Name _____ Grade (*next year*) : 10 11 12

Address _____

City _____ Zip _____

Phone (____) _____ - _____ Email _____

School _____

Address _____

City _____ Zip _____

Main Phone (____) _____ - _____

Write a brief statement summarizing your interest in serving on the State Student Advisory Council on Education and attach your response to this application cover sheet. Include in this statement:

- The reasons you would like to serve on the SSACE,
- The strengths you would bring to this Council, and
- One issue that's important to you and that you would like to discuss with the people who lead education in Connecticut.

Please limit your response to one page and 250 words. Attach a copy of your school transcript. Mail the application cover sheet signed by your principal below, personal statement, and transcript by June 22, 2018 to:

CAS
Attn: Dave Maloney
30 Realty Drive
Cheshire, CT 06410

I nominate _____ for consideration as a member of the State Student Advisory Council on Education (SSACE) for the 2018-2019 school year.

Principal's Name _____

Signature _____ Date _____