

**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 _____

School 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 or email the application cover sheet signed by your principal below, personal statement, and transcript by June 20, 2021 to:

CAS
Attn: Cherese Miller-Odukwe
30 Realty Drive, Cheshire, CT 06410
cmiller@casciac.org

I nominate _____ for consideration as a member of the State Student Advisory Council on Education (SSACE) for the 2021-2022 school year.

Principal's Name _____

Signature _____ Date _____