

# THE CONNECTICUT ASSOCIATION OF SCHOOLS

## Nomination Form John Wallace scholarship Award

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

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

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

Have you confirmed the nominee's parent or guardian's school membership in CAS

Yes  No

1. The applicant should state why he/she feels deserving of this award scholarship?

2. The applicant's program supervisor should state why he/she feels the applicant is worthy of this award scholarship?

Name & Title of Nominator (s): \_\_\_\_\_  
\_\_\_\_\_

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