

# 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. Email the application cover sheet *signed by your principal below*, personal statement, and transcript by June 1, 2022 to: Cheresse Miller-Odukwe at [cmiller@casciac.org](mailto:cmiller@casciac.org)**

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I nominate \_\_\_\_\_ for consideration as a member of the State Student Advisory Council on Education (SSACE) for the 2022-2023 school year.

Principal's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_