



CAS-CIAC STUDENT ATHLETIC ADVISORY BOARD APPLICATION

Name:	
School:	
Grade you will be entering at the start of the 2019-2020 school year:	
Home Address:	
City, State, Zip Code:	
Email Address:	Birth Date:
Home Phone:	Cell Phone:
Please list all athletic, community service and school activities that you have participated in during high school:	

On a separate sheet of paper, please answer the following questions:

1. Why are you interested in becoming a member of the CAS-CIAC Student Athletic Advisory Board?
2. Based upon your participation in the activities listed above, pick one and explain why it is meaningful to you.
3. If selected to serve on the CAS-CIAC Student Athletic Advisory Board, what are your goals?
4. What would you like to accomplish at your high school before you graduate?

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Please submit this application and any additional information to your Director of Athletics by September 27, 2019. If you have any questions about the role of the CAS-CIAC Student Athletic Advisory Board member, please contact Cherese Miller, CAS-CIAC, cmiller@casciac.org or (203)250-1111.

*CT Association of Schools
30 Realty Drive
Cheshire, CT 06410*