## CAS-CIAC STUDENT ATHLETIC ADVISORY BOARD APPLICATION

| Name: School: Grade you will be entering at the start of the 2021-2022 school year: Home Address: City, State, Zip Code: Email Address: |      |
|---|------|
| Birthday: Home Phone: Cell Phone:   |      |
| Please list all athletic, community service and school activities that you have participate in during high school:                      | ated |
| 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 Athle Advisory Board?  | etic |
| 2. Based upon your participation in the activities listed above, pick one and exp why it is meaningful to you.                          | ain  |
| 3. If selected to serve on the CAS-CIAC Student Athletic Advisory Board, what a your goals?   | re   |
| 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, 2021. If you have any questions about the role of the CAS-CIAC Student Athletic Advisory Board member, please contact Cherese Miller-Odukwe, CAS-CIAC, 203-250-1111. 30 Realty Drive, Cheshire, CT 06410.