



**Connecticut High School Coaches Association**  
**Academic All-State Nomination Form - Winter- 2022-23**



**Criteria: Academic All-State Nomination:**

Students attending and participating in athletics at a CIAC member school must meet the criteria listed below to be considered for CHSCA Academic All-State recognition. **Coach must be a CHSCA member.**

- **Graduating senior – 12<sup>th</sup> grade**
- **Must be awarded CHSCA All-State First Team in their sport**
- **Must have a minimum cumulative GPA of 3.5 or higher over the last 4 years (freshman through current senior year)**
- **Be in good standing within their school community**
- **Exhibit/practice outstanding character and citizenship in school, during competition, and in the community.**

**The submitted nomination form must be signed by the student-athlete, CHSCA member Head Coach, and the nominated student-athlete’s school guidance counselor.**

All-State Sport \_\_\_\_\_ Division/Class \_\_\_\_\_ Date of application \_\_\_\_\_

Student – Athlete’s Name: \_\_\_\_\_

Mailing Address (Street, City, Zip Code):  
 \_\_\_\_\_

Student – Athlete email: \_\_\_\_\_

School: \_\_\_\_\_ Principal’s Name: \_\_\_\_\_

Guidance Counselor’s Name: \_\_\_\_\_ Email: \_\_\_\_\_

Head Coach’s Name: \_\_\_\_\_ Email: \_\_\_\_\_

**REQUIREMENT: Guidance Counselor must complete and verify the information below:**

**Student – Athlete Academic Qualifications:**

GPA (cumulative) over the past 4 years (freshman through current senior year as of last quarter grade – **GPA**

\_\_\_\_\_

The student-athlete named on this application is a senior in good standing within their school, exhibits outstanding citizenship in school/community, and has met the academic criteria for recognition.

Guidance Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUIREMENT: Head coach must complete and verify the information below:**

The recommended student-athlete has met the athletic performance criteria for CHSCA All-State First Team and practices appropriate sportsmanship at team activities and in competition.

Head Coach’s Name: \_\_\_\_\_ Email: \_\_\_\_\_

CHSCA Membership # \_\_\_\_\_ (Found on the back of your membership card)

**Required Signatures:**

Student-Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form by mail or email to:**

Deb Petruzzello, 84 Highland Ave, Middletown, CT 06457  
 Email: depetchsca53@gmail.com

**Applications must be received by:**

Winter Sports – April 1, 2023