

**Connecticut High School Coaches Association
Academic – All State – Nomination Form**

Criteria: Academic - All State Nomination:

Students attending and participating in athletics at CIAC member schools must meet the criteria listed below to be considered for CHSCA Academic All State designation.

- Graduating senior – 12th grade
- Must be awarded the title of All State – First Team in their sport
- The student-athlete must meet the following criteria:
 - Must have a cumulative (minimum) GPA of 3.0 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, in competition, and in the community.
- Meet the athletic performance criteria of CHSCA All State – First Team for their sport while competing during their senior year.
- 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):

Student-Athlete's email: _____

School: _____ Principal's Name: _____

Guidance Counselor's Name: _____ Email: _____

Head Coach's Name: _____ Email: _____

REQUIREMENT: Guidance Counselor please complete and verify the information below:

Student-Athlete Academic Qualifications:

GPA (cumulative) over the last 4 years (freshman through current senior year as of 5/15/2021) – GPA _____

_____ is a senior in good standing within their school, exhibits outstanding character and citizenship in school and in the community.

Guidance Counselor's Name _____ **Email:** _____

REQUIREMENT: Head Coach must complete and verify the information below:

_____ has met the athletic performance criteria of CHSCA All State – First Team and practices appropriate sportsmanship at team activities and in competition.

Head Coach's Name: _____ **Email:** _____

Required Signatures:

Student-Athlete: _____ Date: _____

Head Coach: _____ Date: _____

Guidance Counselor: _____ Date: _____

Return completed form to:

CHSCA, Deb Petruzzello, 84 Highland Ave., Middletown, CT. 06457, or Email to: dpet53@sbcglobal.net

Completed form must be received by: June 11, 2021