**Connecticut High School Coaches Association**

**Academic – All State – Nomination Form – Fall 2021**

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

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

* **Graduating senior – 12th grade**
* **Must be awarded the title of CHSCA All State – First Team in their sport**
* **The student-athlete must meet the following criteria:**
	+ **Must have a cumulative (minimum) GPA of 3.2 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.**
* 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 (12/1/2021) – **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’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The student-athlete recommended 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Required Signatures:**

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

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

**Return completed form by stamped mail or email to:**  **Applications must be received by 12/15/21**

CHSCA, Deb Petruzzello,

84 Highland Ave.,

Middletown, CT. 06457

Email to: dpet53@sbcglobal.net

 REV 10/21