



Scholar·Artist Awards

LONG ISLAND ARTS ALLIANCE

2019-2020

NOMINATION FORM (completed by Teacher)

Student Name _____

Address _____

City, State, Zip Code _____

Student E-Mail Address _____

Parent E-Mail Address _____

Teacher E-Mail Address _____

Teacher Summertime Phone Number _____

School District _____

High School _____

STUDENT'S UNWEIGHTED HS AVERAGE UP TO AND INCLUDING FIRST SEMESTER OF JR. YEAR:

(Official Transcript MUST BE INCLUDED as Part of This Packet)

THIS STUDENT IS NOMINATED FOR (check one):

_____ Dance _____ Media Arts _____ Music _____ Theater Arts _____ Visual Arts