



Scholar·Artist Awards

LONG ISLAND ARTS ALLIANCE

2019-2020

SIGNATURE FORM (Completed by Teacher)

Student Name _____

School District _____

School Building and Address _____

School Phone _____

Nominating Teacher Name _____

Signature of Nominating Teacher _____

Superintendent Name _____

Superintendent Phone Number _____

Superintendent E-Mail Address _____

Name of Principal _____

Signature of Principal _____

Name of District Arts Administrator _____

Signature of District Arts Administrator _____