



2020 Raymond R. Delaney Annual Memorial Scholarship

NOMINATION FORM

(Complete the information below to receive an application packet.)

Nominee's Name _____

Nominee's Address _____
Street Address

City	State	Zip Code
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Nominee's Phone # _____

Nominee's E-mail Address _____

Educational Institution/University _____

Statement pertaining to why this individual is qualified or deserving of this scholarship.
(Please use additional paper if needed)

Your Name:(Dr., Mr., Mrs., Ms.) _____

Address: _____

Position: _____

Phone #: _____

Please complete and return no later than **June 1, 2020** to:

**New York State Council of School Superintendents
7 Elk Street, 3rd Floor Albany, New York 12207-1002**