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

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)

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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