IHSA Team Academic Achievement Award Submission Form

Illinois High School Association
2715 McGraw Dr., Bloomington, IL 61704
Phone: 309-663-6377
Fax: 309-663-7479

This form is provided to submit information on students to your school's team members. Please attach additional pages if necessary to include ALL members of the Varsity Team.

School :

Address:

City:

State: **Zip:**

Sport/Activity :

◯ Boys ◯ Girls

Sport/Activity Season: ◯ Fall ◯ Winter ◯ Spring

Student First Name	Student Last Name	Year in School	GPA MUST BE UNWEIGHTED ON 4.0

Total Cumulative Team Grade Point Average - ALL GRADES MUST BE UNWEIGHTED ON A 4.0 SCALE

ANY FORM SUBMITTED WITHOUT THE SIGNATURE OF THE SCHOOL PRINCIPAL OR WITH WEIGHTED GRADES WILL NOT BE ACCEPTED. PLEASE MAIL TO THE IHSA AT 2715 McGRAW DR., BLOOMINGTON, IL 61704-2715 OR FAX TO 309-663-7479.

By signing this form, I certify that the G. P. A. listed for each student is an UNWEIGHTED grade on a 4.0 scale, and the names listed are members of the varsity team as identified above. I further understand that weighted grades will not be accepted.

Principal's Name:

Signature:

Date: