

IHSA Team Academic Achievement Award Submission Form

Please type or print legibly! Please attach additional pages if necessary to include ALL members of the Varsity Team.

ANY FORM SUBMITTED WITHOUT THE SIGNATURE OF THE SCHOOL PRINCIPAL AND WITH WEIGHTED GRADES WILL NOT BE ACCEPTED. WHEN COMPLETED, PLEASE MAIL TO THE IHSA AT PO BOX 2715, BLOOMINGTON, IL 61702-2715 OR FAX TO 309-663-7479.

School Name _____ 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 <u>UNWEIGHTED</u> ON 4.0
Total Cumulative Team Grade Point Average			
*ALL GRADES MUST BE UNWEIGHTED ON A 4.0 SCALE			

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

Print Principal's Name _____

Principal's Signature _____ Date _____