

OHIO HIGH SCHOOL BASKETBALL COACHES ACADEMIC ALL-OHIO TEAM

The Ohio High School Basketball Coaches Association will select an **Academic All-Ohio Team** for each division, both Boys and Girls. Coach, if you have a senior player whom you would like to have considered for this honor, please send this **nomination form** and a

recent photograph of the player to Adam Hall of Canton South High School by **MARCH 1**ST. The high school principal verification and a player/parent release are required.

If you have more than one entry, make copies of this form. One entry per form please! Your nomination must be postmarked by **MARCH 1**ST. All winners will receive mention in our *Hooplines* magazine and receive a state-wide certificate.

SORRY - NO LATE ENTRIES CAN BE ACCEPTED!! All Nominations must include a picture of the nominee, otherwise nomination is void. Pictures can be email to Adam Hall.

Academic All-Ohio Nomination Form

Player's Name:			Position:		
Division: I II III IV V	VI VII Gender: I	Boys or C	Girls OHSBCA Member	Yes or No	
OHSBCA District Number:		How	Many Years a Member of OHS	SBCA:	
School:			Coach's Name:		
School Address:			Coach Home Phone:		
City:			Coach's Email:		
Player's Seven Semester:					
Grade Point Average:	Cla	ass Rank:	Class Size:		
PSAT Test Scores:	Selection Index:		Date Tested:		
SAT Test Scores:	Math:	Verbal:	Date Tested:		
ACT Test Scores:	Composite Score:		Date Tested:		
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I hereby certify the above in	formation is correct a	and accurate t	o the current records for		
a senior at					
Principal's Signature:			Date:		

Player Statistics for Varsity Competition Only

	Number of Varsity Games	Scoring Average	Field Goal Percentage	Free Throw Percentage	Rebound Average	Assist Average			
Freshman									
Sophomore									
Junior									
Senior									
Coach's Evaluation of this Player:									
Coach's Signature: Date:									
Please submit the nomination to: Adam Hall 119 Northwood Dr Dover, OH 44622									
	Phone: 330-340-0311 Email: ohsbcapublicrelations@gmail.com								
Player and Parents Information/Release									
If selected as an Academic All Ohio Player , I give the OHSBCA the right to release my Grade Point Average with the news release.									
Player	's Signature:				Date:				
Parent's/Guardian	's Signature:				Date:				
Please include the	following informat	ion about your	Local Newspa	per.					
Newspaper:									
Address:									
City:			St	ate:	Zip:				