**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 1ST**. 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 1ST**. 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.***

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| --- |
| **Academic All-Ohio Nomination Form** |
| Player’s Name: |  | Position: |  |
| Division: | I II III IV V VI VII | Gender: | Boys or Girls | OHSBCA Member | Yes or No |
| OHSBCA District Number: |  | How Many Years a Member of OHSBCA: |  |
| School: |  | Coach’s Name: |  |
| School Address: |  | Coach Home Phone: |  |
| City: |  | State: |  | Zip: |  | Coach’s Email: |  |
| **Player’s Seven Semester:** |  |
| Grade Point Average: |  | Class Rank: |  | Class Size: |  |
| PSAT Test Scores: | Selection Index: |  | Date Tested: |  |
| SAT Test Scores: | Math: |  | Verbal: |  | Date Tested: |  |
| ACT Test Scores: | Composite Score: |  | Date Tested: |  |
| Please list any Academic Honors received: |  |
|  |
|  |
| Please list any Leadership and Citizenship Honors received: |  |
|  |
|  |
| I hereby certify the above information is correct and accurate to the current records for |  |
| a senior at |  | High School Ohio. |  |  |
| Principal’s Signature: |  | Date: |  |

**Player Statistics for Varsity Competition Only**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Number ofVarsity Games | ScoringAverage | Field GoalPercentage | Free ThrowPercentage | ReboundAverage | AssistAverage |
| 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 information about your **Local Newspaper**. |
| Newspaper: |  |
| Address: |  | Phone: |  |
| City: |  | State: |  | Zip: |  |