**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.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 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**](mailto: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: |  | |