



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 Strasburg 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, post on our website, 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 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: 330-878-5571
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: _____