

ACADEMIC STATE CHAMPIONSHIP – FALL 2008

PLEASE COMPLETE ALL INFORMATION REQUESTED. Please type

School: _____

Coach: _____

Sport: _____

Class: _____

Name of Student-Athlete GPA

1. _____

11. _____

2. _____

12. _____

3. _____

13. _____

4. _____

14. _____

5. _____

15. _____

6. _____

16. _____

7. _____

17. _____

8. _____

18. _____

9. _____

19. _____

10. _____

20. _____

Please round GPAs to the nearest hundredth (ex. 3.12).
Please add the GPAs of the team and divide by the number of student-athletes.

TEAM AVERAGE GPA: _____

Signature of Principal

Signature of Head Coach

To be considered for this award, all guidelines from the previous pages must be followed and this form must be received by **Friday, October 10, 2008**. Please fax this form to the NIAA at (775) 688-6466 or mail it to the NIAA at 1 East Liberty, Suite 505, Reno, Nevada, 89501 (**do not do both**).

NOTE: You may use your own form, provided it is similar in setup to this one and contains a signature from both the principal and head coach. This form can be e-mailed to you. Contact Linda at the NIAA office.

