

IHSA Team Academic Achievement Award Submission Form

Illinois High School Association 2715 McGraw Dr., Bloomington, IL 61704 Phone: 309-663-6377

Fax: 309-663-7479

This form is provided to submit information on students to your school's team members. Please attach additional pages if necessary to include <u>ALL</u> members of the Varsity Team.

School :			Sport/Activity :		
Address:				Boys	○ Girls
itate:	Zip:		Sport/Activity Season:	○ Fall	○ Winter ○ Spring
Student First Name		Stud	Student Last Name		GPA MUST BE <u>UNWEIGHTED</u> ON 4.0
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			RADES MUST BE UNWEIGHT		CALE FED GRADES WILL NOT BE
					OR FAX TO 309-663-7479.
			student is an <u>UNWEIGHTED</u> further understand that we		
Principal's Name	:		Signature:		
	L		Date:		