

BOYS

** TEAM ACADEMIC ALL-STATE **

Team Worksheet – See example at bottom and directions on second page.

SCHOOL: _____ CLASS: **A B C D**
(Circle One)

VARSITY COACH: _____ DATE: _____
(Print clearly)

COACH'S HOME PHONE: _____ E-MAIL(Required) _____

	<u>GRADE</u>	<u>PLAYER #1, #2, etc.</u>	<u>HIGH SCHOOL CREDITS ATTEMPTED</u>		<u>GPA</u>		<u>TOTAL</u>
1.	_____	_____	_____	X	_____	=	_____
2.	_____	_____	_____	X	_____	=	_____
3.	_____	_____	_____	X	_____	=	_____
4.	_____	_____	_____	X	_____	=	_____
5.	_____	_____	_____	X	_____	=	_____
6.	_____	_____	_____	X	_____	=	_____
7.	_____	_____	_____	X	_____	=	_____
8.	_____	_____	_____	X	_____	=	_____
9.	_____	_____	_____	X	_____	=	_____
10.	_____	_____	_____	X	_____	=	_____
11.	_____	_____	_____	X	_____	=	_____
12.	_____	_____	_____	X	_____	=	_____
13.	_____	_____	_____	X	_____	=	_____
14.	_____	_____	_____	X	_____	=	_____
15.	_____	_____	_____	X	_____	=	_____
		TOTAL	B _____				A _____

TOTAL A _____ -:- B _____ = _____

EXAMPLE OF 8 PLAYERS – ALL TEAM MEMBERS MUST BE INCLUDED

<u>GRADE</u>	<u>PLAYER #1, #2, #3, etc.</u>	<u>HS CREDITS ATT</u>		<u>GPA</u>		<u>TOTAL</u>
Senior	Player #1	42	X	3.15	=	132.30
Senior	Player #2	41	X	3.50	=	143.50
Junior	Player #3	30	X	2.70	=	81.00
Junior	Player #4	31	X	3.25	=	100.75
Junior	Player #5	31	X	2.58	=	79.98
Soph	Player #6	17	X	4/00	=	68.00
Soph	Player #7	18	X	2.77	=	49.86
Fresh	Player #8	<u>6</u>	X	4.00	=	<u>24.00</u>
		216				679.39

*If any class is failed...be sure these hours are included.

679.39 -:- 216 = 3.145324

BOYS' TEAM ACADEMIC NOMINATION FORM DIRECTIONS

DEADLINE * APRIL 1ST

TEAM ACADEMIC ALL-STATE NOMINATION INFORMATION & DIRECTIONS FOR COMPLETING NOMINATION FORM:

1. Form must be submitted including first semester information of present school year.
2. Deadline is April 1. Late forms will not be considered.
3. Maximum G.P.A. is 4.0. Any G.P.A. over 4.0, please calculate as 4.0.
4. Eligible players are those who were on your varsity squad for at least
10 regular season games and on your varsity team for state tournament.
5. Because of the privacy act, use an assigned number (Player #1, Player #2, etc.)
6. Please print clearly.
7. Top 10 teams of each Class of High School (A,B,C,D) will be classified as "All-State".
Any team with a 3.0 or higher will be classified as "Honorable Mention".
8. Make sure you identify class of school.
9. QUESTIONS: Contact Dave Sparks at: davelsparks@hotmail.com

ONLY TEAMS WHOSE VARSITY COACH IS A BCAM MEMBER WILL BE ELIGIBLE

RETURN THIS FORM BY APRIL 1.

MAIL TO:

Dave Sparks -Team Academic Chairman

PO Box 253

New Lothrop, MI 48460