

ACADEMIC AWARD ENTRY FORM

Use Previous Semester GPAs Only

This form must be completed and submitted to the ASAA office no later than 5:00 p.m. on the Tuesday just prior to the first day of competition at the respective State Championship event.

School

Sport or Activity

School Location

Coach or Athletic Administrator

Student Name

Grade (9-12)

GPA (based on 4.0 system)

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Total of Team Member GPAs

list additional team members on subsequent pages to this form.

Total of Team Member GPAs

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Number of Team Members

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Team GPA

I have reviewed the information presented on this form and, to the best of my knowledge, believe it to be true and correct.

School Administrator (print name)

Administrator's Signature

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.

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