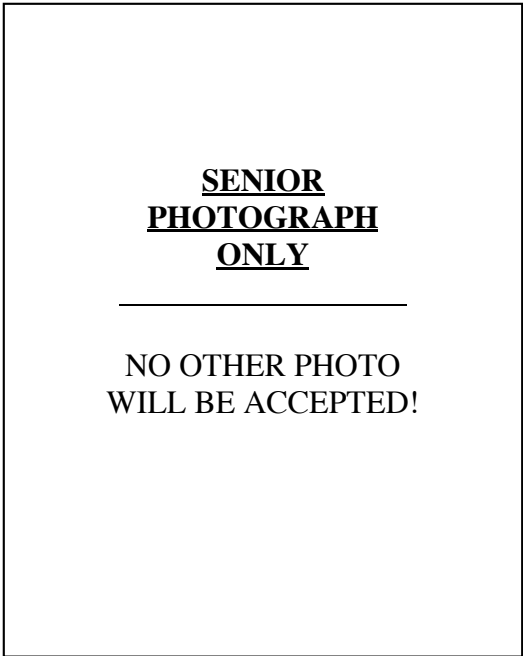


# BCAA SCHOLAR/ATHLETE SELECTION FORM

To be recognized as a Scholar/Athlete, students must meet the following criterion:

- ◆ Must be a senior in high school.
- ◆ Must have a minimum 3.2 weighted G.P.A., including the first semester of the senior year.
- ◆ Must have demonstrated good character and sportsmanship.
- ◆ Must be varsity letter winner.
- ◆ Must have demonstrated commitment to the team.
- ◆ Must be selected by the high school Principal.



**TYPE ONLY**

Do not staple, glue, or tape  
paperclip ONLY

School \_\_\_\_\_

Student's name (print) \_\_\_\_\_

(Last)

(First)

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent name \_\_\_\_\_

(Month) (Day) (Year)

Home telephone number \_\_\_\_\_

Parent/Guardian work telephone number \_\_\_\_\_

Current \_\_\_\_\_ Current \_\_\_\_\_

Weighted G.P.A. \_\_\_\_\_ Class Rank \_\_\_\_\_ Senior Class Size \_\_\_\_\_

Principal's Signature \_\_\_\_\_

ATHLETIC INFORMATION

Student's \_\_\_\_\_ School \_\_\_\_\_

List all school sports for which a varsity letter was received:

Sport/Year	Sport/Year
_____	_____
_____	_____
_____	_____
_____	_____

List all high school sports activities for each grade:

9<sup>th</sup> Grade \_\_\_\_\_  
10<sup>th</sup> Grade \_\_\_\_\_  
11<sup>th</sup> Grade \_\_\_\_\_  
12<sup>th</sup> Grade \_\_\_\_\_

List all high school sports for which you were selected to; All-State, All-County, Area Teams, B.C.A.A., District Teams, and all others.

Year	Name of Award	Position	Awarded by (Organization)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Athletic scholarship received: Yes\_\_\_\_\_No\_\_\_\_\_ If yes, sport \_\_\_\_\_

School awarding the scholarship \_\_\_\_\_

SCHOLASTIC HONORS

Student's name \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Top two colleges applied to:

\_\_\_\_\_

College attending, if known: \_\_\_\_\_

NON-ATHLETIC SCHOOL ACTIVITIES

SGA Officer: Yes\_\_\_ No\_\_\_ If yes, office held \_\_\_\_\_ Year \_\_\_\_\_

Class Officer: Yes\_\_\_ No\_\_\_ If yes, office held \_\_\_\_\_ Year \_\_\_\_\_

<u>Clubs/Organizations</u>	<u>9,10,11,12</u>	<u>Offices Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CIVIC/FRATERNAL/OTHER AWARDS

Student's name \_\_\_\_\_ School \_\_\_\_\_

List all other awards or activities (i.e. church group) below:

Award or Activity	Sponsoring Agency
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of **documented** Volunteer Service hours: \_\_\_\_\_

**Attach a typed letter of recommendation from the coach or athletic director.**

**Scholar Athlete, please return completed selection form to your school Athletic Director by \_\_\_\_\_ (school-based deadline to be determined by AD)**

Athletic Director will submit all material to County Athletics by 2/26/10 deadline.