

SCHOLAR ATHLETE OF THE MONTH APPLICATION Grade Point Eligibility 3.6 or Higher

Player's Name	Division / Team
Head Coaches Name	
Parent Information Name	
Name_ Home PhoneCell	Phone
Address	
City, ST ZIP Code	
City, ST ZIP Code	rmation and photo on web
School District / Name	
Date Submitted	
Grade	•
GPA	
Phone School Term	-
Address	-
AddressCity, ST ZIP Code	
To be completed by Guidance Couns	elor or Principal
Guidance Counselor / Principal Name	
Title	
Email	
the academic subjects (Spelling, Math, S	has maintained a G.P.A. of in Social Studies, Science, Language Arts, History, Foreign
	cludes Gym, Art, Band, Drama or Choir) for the current
Guidance Counselor or Principal Signate	ure

Attach a copy of the player's most recent Report Card to this application. The Report Card must include either the first semester or first 2 trimesters of the current school year.

All completed applications are to be sent to:

EYHBC POB 12654 EVERETT WA. 98206 ATT: Scholar Athlete of the Month