

OHIO HIGH SCHOOL BASEBALL COACHES ASSOCIATION

www.ohsbca.org

OHSBCA Academic All-State Nomination Form

	Jeri Meddenne i Mi		11 01111
Player's Name:			
School:			
Unweighted GPA (on a 4.0	scale):	District: C	E N NE SE SW
SAT or ACT Scores:			
ACT Composite Sco	re:		
SAT-Reading:	SAT-Math:	SAT	-Writing:
The following requirement	s must be met:		
varsity games as 3. Player must have 4. Player must have Or minimum 165 5. This complete and sent in with a	in at least 70% of all var a pitcher a 7 semester unweighted a minimum composite s 0 Combined Score on the	GPA of at least 3.25 core of 22 on the AC as SAT ast be signed by the layer's transcript (if a	or 5 semesters if early grad CT Head Coach and Principal, transcript cannot be
Principal's Signature:		Print name of Princ	ripal:
Coach's Signature:		Print name of Coa	ch:
Counselor Signature:		Print name of Counselor	
School Address:			
City:	State:	Zip:	
Coach's Cell Phone Number		E-mail Add	dress:
This form must be received be Selections will be released to	•		t president of the OHSBCA.
Send form and documentation to:			You may also e-mail this form by clicking
Don Schone	(W) (740) 927-3417		on the hyperlink and saving as an
Watkins Memorial HS	(C) (614-207-1633	3	attachment
8868 Watkins Road SW	Fax (740) 964-0088		

Email: dshone@laca.org

Pataskala, OH 43062