

OHIO HIGH SCHOOL BASEBALL COACHES ASSOCIATION

www.ohsbca.org

OHSBCA Academic All-State Nomination Form

Player's Name:			
School:			
Unweighted GPA (on a 4.0 so	cale):	District: C	E N NE SE SW
SAT or ACT Scores:			
ACT Composite Score:			
SAT-Reading:	SAT-Math:	SAT	-Writing:
The following requirements 1	nust be met:		
4. Player must have a Or minimum 16505. This completed and sent in with an provided, this form	oitcher 7 semester unweighted minimum composite s Combined Score on th	I GPA of at least 3.25 score of 22 on the AC ne SAT ust be signed by the Eyer's transcript (if a counselor to verify ac	or 5 semesters if early grad ET Head Coach and Principal, cranscript cannot be ademic information)
rincipal's Signature:		Print name of Principal:	
Coach's Signature:		Print name of Coa	ch:
Counselor Signature:		Print name of Cou	nnselor
School Address:			
City:	State:	Zip:	
Coach's Cell Phone Number:		E-mail Add	lress:
This form must be received by Selections will be released to to	· ·		president of the OHSBCA.
Send form and documentation to:			You may also e-mail this form by clicking
Tom Neubert (W) (614) 268-8519			on the hyperlink and saving as an
St. Francis DeSales HS (C) (614)256-0682			attachment
4212 Karl Rd	Fax (614-265-3378		
Columbus, Oh 43224-2056	Email: tneubert@cdedu	cation.org	