

Capital Region Female Basketball Scholar-Athlete Award Nomination Form

Name _____
(Please type or print legibly)

Date _____

Address _____

Phone # _____
Height _____

Educational Background

High School _____

Graduation Date _____
League/Affiliation _____

College: *(Note schools you have applied to, been accepted at, and school attending)*

Applied to

Accepted at

Attending

Academic Record

(A copy of Student Transcript MUST be attached)

Class Average _____ Class Rank _____ Class Size _____

Academic Honors _____

SAT Scores: CR _____ M _____ W _____ ACT _____

Basketball Experience and Participation

Grade	Year	Level (JV, Var)	Coach	Pts/Game	Reb/Game	Ast/Game
9						
10						
11						
12						

Athletic Honors _____

Related Activities and Basketball Experiences
(Includes Sports, Community, Recreational Work, etc.)

Coach's Statement

(Please comment on scholar-athlete's character, basketball ability, attitude, coachability, toughness, skill level, college potential, etc. May be done under separate cover.)

I attest that the above information is correct (Please sign below):

Principal: _____ Date: _____

Athletic Director: _____ Date: _____

Coach: _____ Date: _____

Scholar-Athlete: _____ Date: _____

PLEASE RETURN BEFORE FRIDAY, DECEMBER 18, 2009

PLEASE RETURN TO: Ellen Marcantonio
P.O. Box 502
Hudson Falls, NY 12839
(Fax) 696-2356

REMINDER: This nomination form is not considered complete unless an
OFFICIAL SCHOOL TRANSCRIPT is attached
and all **SIGNATURES** are provided above .