**Nomination form**

# *Academic All-State Team*

**Sponsored by the Missouri Basketball Coaches Association**

**Player Name:**_____ **boy girl**

**School:**_____

**Player's Home Phone:**_____

**Coach's Name:**_____

**Coach's Phone:**_____

**School home cell**

**Coach's E-Mail:**_____

**The individual being nominated for Academic All-State must meet the following qualifications:**

1. Senior standing
2. Started 90% of his or her team's games or played in 75% of the total team quarters played.
3. Possesses outstanding moral character.
4. Has ONE OR MORE of the following verified minimum scores:
   A. ACT score of 27 composite or above
   B. SAT score of 1920 composite or above
   C. PSAT score of 185 selection index or more
5. Grade-Point Average of 3.25 out of possible 4.0 (or equivalent on alternate grade scale)

Please List Senior Season Basketball Statistics: PPG____ RPG____ APG____ SPG____ FT%____ FG%____ Other_____

**---SCHOOL PRINCIPAL MUST VERIFY ALL OF THE APPLICABLE ITEMS---**

**Coach's signature:**_____

**Principal's signature:**_____

**---AN OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS NOMINATION---**

All student-athletes who meet ALL of the required criteria will be honored as members of the Missouri Academic All-State team. Please send additional information to your district representative. YOU MUST BE AN MBCA MEMBER TO NOMINATE FOR THE ACADEMIC ALL-STATE TEAM. Mail all nominations to the following address by March 10:

Shawn Erickson, MBCA Office
942 North 6th St
Festus, MO 63028

**COACHES.....THERE IS A LATE FEE OF $10 EXTRA TO BE ADDED TO YOUR MEMBERSHIP IF YOU JOIN AFTER FEBRUARY 1!**