



## IHSA ACADEMIC AWARD REPORTING FORM

COLLEGE: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL TO SEND CERTIFICATES: \_\_\_\_\_ PHONE: \_\_\_\_\_ ACADEMIC YEAR: \_\_\_\_\_

**MAIL FORM POSTMARKED BY March 31, 2025 TO: CRICKET MORRIS, 844 DRY FORK ROAD, GLADYS, VA 24554**

**EMAIL FORM BY March 31, 2025 TO: csmorris917@gmail.com**

NAME	STUDENT ID NUMBER	YEAR Fr./So./Jr./Sr./Grad.	GPA Based on Fall semester (out of 4.0)	All-Academic First Team (3.8 or above)	All-Academic Second Team (3.5 or above)	Full-time student Yes/No

Registrar's Signature and Seal: \_\_\_\_\_

Signature of Coach/Designated Representative: \_\_\_\_\_

(This signature verifies that above students have participated in, or indicated a desire to participate in, the school's riding program.)