



IHSA Academic Award Reporting Form

College: _____ Submitted by: _____ Title: _____

E-mail to send certificates: _____ Phone : _____ Academic Year _____

MAIL FORM TO CRICKET MORRIS: 844 DRY FORK ROAD, GLADYS, VA 24554
Forms must be received by March 25th

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.)