



ACADEMIC

ALL-STATE APPLICATION



1. Incomplete applications will be returned if they do not meet the **April 1 deadline**. This includes any requests made by TISCA to complete your application.
2. **To qualify for this award, you must (A) have a minimum GPA of 3.750 on a 4 point scale, or 93.7500% of the grade scale your school uses for 5 semesters (Juniors); 7 semesters (Seniors). GPA may not be rounded up; (B) be a junior or senior; (C) have lettered in your high school program (swimming, diving, or water polo) your junior or senior year.**
3. A copy of your transcript is required. You **MUST** highlight the cumulative GPA on the transcript.
4. Staple your transcript and application together
5. Make a copy of your application for your records and for use if your application is lost in the delivery process
6. Only one application per applicant per year.

Application must be mailed to:

CODY HUCKABAY Academic All-State
 1001 N. Holland Road
 Mansfield TX 76063
 Email: codyhuckabay@misdmail.org
 (Use e-mail for questions)

GRADE POINT AVERAGE

As shown and highlighted on the official school transcript

--	--	--	--

The minimum GPA necessary for consideration is 3.750 on a 4 point scale, or 93.7500% of the grade scale your school uses, which is cumulative from the first semester/trimester of the freshman year through the first semester/trimester of the junior or senior year.

Applicant's signature _____

Parent's signature _____

Coach's signature _____

TISCA Member Non-TISCA Member
 Enclose \$10.00 Certificate Fee

MALE FEMALE

Check in the appropriate box all sports that apply as part of this application.

SWIMMING DIVING WATER POLO

NAME OF APPLICANT

FIRST	LAST

ADDRESS OF APPLICANT

APPLICANT ADDRESS														
CITY										STATE	ZIP			

APPLICANT'S PHONE #

AREA	ATHLETE'S PHONE NUMBER						

APPLICANT'S E-MAIL ADDRESS:

This is the 1st form of communication, PLEASE PRINT CLEARLY

NAME OF COACH

LAST	FIRST

ADDRESS OF COACH

COACH'S ADDRESS														
CITY										STATE	ZIP			

COACH'S PHONE #

AREA	HOME PHONE NUMBER						

COACH'S E-MAIL ADDRESS:

This is the 1st form of communication, PLEASE PRINT CLEARLY

SCHOOL

NAME OF SCHOOL AS YOU WOULD LIKE IT PRINTED ON THE CERTIFICATE																			

ADDRESS OF SCHOOL

STREET ADDRESS														
CITY										STATE	ZIP			

SCHOOL'S PHONE #

AREA	PHONE NUMBER						