**Nomination form**

# *Academic All-State Team*

**Sponsored by the Missouri Basketball Coaches Association**

**Player Name:_____**

**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 1210 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)

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

**Other qualifications:_____**

**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, 2010:

Gary Filbert, MBCA Office
906 Wayne Road
Columbia, MO 65203

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