

## P.A.S.S. (Players Achieving Scholastic Success) application Scholastic Player of the Month application

Player's Name	Division / Team
Head Coaches Name  Parent Information  Name	
Name Cell Pho	ne
Address	
City, ST ZIP Code	
City, ST ZIP Code  Parent Signature authorizing use of information and photo on web site and bulletin board in CCIR	
School District / Name	
Date Submitted	
Grade	
GPA	
Phone	
School Term	
Address	
City, ST ZIP Code	
To be completed by Guidance Counselor	or Principal
Guidance Counselor / Principle Name	
Title	
Email	
I hereby verify that has maintained a G.P.A. of in the academic subjects (Spelling, Math, Social Studies, Science, Language	
Arts, History, Foreign Languages, and Com	puter Classes. Excludes Gym, Art, Band,
	ng to the grading scale of the School District
Guidance Counselor or Principle Signature	
Date	

Attach a copy of the player's most recent Report Card to this application. The Report Card must include either the first semester or first 2 trimesters of the current school year. Please include a short Biography for web site.

All completed applications are to be sent to:

EYHBC PO Box 12654 EVERETT WA. 98206 ATT: P.A.S.S. Program