

2017 JIM BURNES LEADERSHIP AWARD

VERIFICATION FORM

Name OF Nominee: _____

Home Address of Nominee: _____

School Name and Region: _____

School Address: _____

School Phone Number: _____

7th Grade GPA: _____ What Scale: _____

8TH Grade GPA AS OF JAN 15TH: _____

7TH Grade SIJHSAA Activities: _____

8TH Grade SIJHSAA Activities: _____

I VERIFY THAT THE ABOVE INFORMATION IS TRUE:

PRINCIPAL'S NAME: _____ E-Mail _____

PRINCIPAL'S SIGNATURE: _____

Date: _____

A.D.'S NAME: _____ E-Mail _____

ATHLETIC DIRECTOR SIGNATURE: _____

DATE: _____