



PENNSYLVANIA INTERSCHOLASTIC HOCKEY LEAGUE

ACADEMIC AWARD RECOGNITION

2021- 2022 STUDENT GPA VERIFICATION FORM

Association Name: _____

Student **FIRST Name** (PLEASE PRINT): _____

Student **LAST Name** (PLEASE PRINT): _____

School Attending: _____

Student Grade Level (Please select one): 6 7 8 9 10 11 12

Team Level: V JV MS

Student GPA: _____ (Please check one): Cumulative _____ Semester _____

By signing below:

- ☐ I hereby verify that the above stated student has achieved a minimum of a 3.5 GPA or higher at the end of the 1st semester.
- ☐ I hereby verify that the above stated student has achieved the listed GPA above and qualified for the Pennsylvania Interscholastic Hockey League Academic All-Star Award.
- ☐ I hereby verify that the above stated student is in good academic standing and is not currently serving any school suspension for disciplinary matters.

School Administrator _____ Date _____

Association President _____ Date _____

FORM DUE BY February 28, 2022

PIHL Office Use Only

Date Received _____ Received by _____

Commissioner Approval _____ Date _____

Regional Vice President Approval _____ Date _____