



Scholastic Average Verification Form Body & Mind

NOTICE TO CLUB DIRECTOR:

According to the scholastic grade point average for (NAME) _____ he/she may be named as one of the NHPA Sanctioned League Junior Scholars or Trust Fund recipients. So that this award can be properly made, please fill out this form for required regulations of this NHPA program.

PARENT OR LEGAL GUARDIAN:

Junior's Full Name: _____

SSN: ____ - ____ - ____ Date of Birth: Month ____ Day ____ Year ____

Address: _____

Phone Number: ____ - ____ - ____

"I approve of my son/daughter receiving this scholar pitcher award and verify the above information as indicated." **A copy of actual birth certificate or other document of proof is attached.**

Parent/Guardian Signature

SCHOOL OF ATTENDANCE:

Name of School: _____

Class of Attendance: _____ Grade Point Average: _____

School Term: ____ - ____

"I verify that the scholastic GPA indicated above is the true average of this pupil for this entire four quarter school term and that this youngster is a member of this student body."

School Principal Signature

This form must be returned by December 31st by the Club or League Director. This form must be filled out in fill and signed, where indicated, prior to the awarding of any Scholar Pitcher or Trust Fund. **Please submit copy of FULL report card with this form.**

Send completed form to:

Barbara Carson
NHPA National League Director
7618 Willow Woods Dr.
N. Olmsted, OH 44070
Bcarson848@gmail.com