

**2020 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: \_\_\_\_\_

8<sup>TH</sup> Grade GPA AS OF JAN 15<sup>TH</sup>: \_\_\_\_\_

7<sup>TH</sup> Grade SIJHSAA Activities: \_\_\_\_\_

\_\_\_\_\_

8<sup>TH</sup> Grade SIJHSAA Activities: \_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_