



BHHS SAAC APPLICATION

Name: _____

Sports: _____

Graduation Year: _____

Email: _____

1. Why do you want to be on the BHHS SAAC, and what do you hope to accomplish through being a representative? (We need a list of metrics we deem worthy so that students on SAAC are not simply adding to a resume for college)

2. List community service you have participated in while being a Student Athlete at BHHS:

3: What does it mean to be a Student Athlete at BHHS?

4. What issues do you see that you would like the SAAC to address and change at BHHS?

5. Why do you think the formation of a BHHS SAAC is important to athletics, academics and the culture of BHHS?



Approvals: Please have your coach and counselor approve that you would be an ideal representative to have on the SAAC.

Coach Approval:

I, _____, understand that my athlete is applying to be a representative for the SAAC. By signing, I approve that this athlete demonstrates great leadership abilities, trustworthiness, a willingness to initiate positive change in the community and follows through on tasks and is committed to their team.

Coach Signature

Date

Counselor Approval:

I, _____, understand that my student athlete is applying to be a representative for the SAAC. By signing, I approve that this student athlete demonstrates great leadership abilities, trustworthiness, a willingness to initiate positive change in the community and follows through on tasks and is committed to their academic achievements. I have checked the status of this athlete and I can confirm that this athlete has a cumulative GPA of _____ and is on track for graduation in _____.

Counselor Signature

Date