



PRESENT:
CLASSROOM CHAMPIONS

Student's Name: _____

Student's Phone Number and e-mail address: _____

Student's Mailing Address: _____ City: _____ Zip: _____

Student's Grade: _____ School: _____

School Phone Number(s): _____

School Principal: _____ Email address: _____

School Counselor: _____ Email address: _____

Your Name: _____ Relationship to student: _____

Your Address: _____

Your Phone Number: (Day) _____ (Evening) _____

The purpose of having Classroom Champions is to recognize high school seniors who, not only do well on the field or court, but also do well in the classroom. Please tell us why this student should be recognized as a *Classroom Champion*. The following information is required in your nomination:

Class Rank and GPA: _____ College planning on attending & major (if applicable): _____

Sports they are involved with: _____

Awards Received: _____

Extracurricular Activities Including Community Activities: _____

Academic Achievements Including Scholarships: _____

Attach additional sheets if necessary. Please Mail or email this completed form to:

KBTX-TV
Classroom Champions
4141 E. 29th Street
Bryan, TX 77802
(979) 595-1589

colvin@kbtv.com