

WASHINGTON STATE VOLLEYBALL COACHES ASSOCIATION  
ALL-STATE PLAYER APPLICATION

**TO BE FILLED OUT BY ALL 1<sup>st</sup> TEAM ALL-LEAGUE SENIORS!**

THIS APPLICATION MUST BE RECEIVED (E-MAILED IN PDF FORM)  
TO THE ADDRESS BELOW BY **DECEMBER 15**. Teams will be chosen in JANUARY.

**PLEASE DO NOT FORGET TO INCLUDE A HEAD SHOT PHOTOGRAPH**

**for the All-State Program.**

**Please Type or Print Application.**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Name of League: \_\_\_\_\_ Classification (circle one): 1B 2 B A 2A 3A 4A

Height: \_\_\_\_\_ Position: \_\_\_\_\_ Sweatshirt/long sleeve  
Size (unisex): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address for all-state info: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Player Cell: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

High School Coach: \_\_\_\_\_ Coach e-mail: \_\_\_\_\_

Team's League Finish: \_\_\_\_\_ Team's District Finish: \_\_\_\_\_ Team's State Finish: \_\_\_\_\_

List the year(s) you were selected for all-league: (1<sup>st</sup> team, 2<sup>nd</sup> team, honorable mention)

9<sup>th</sup>: \_\_\_\_\_ 10<sup>th</sup>: \_\_\_\_\_ 11<sup>th</sup>: \_\_\_\_\_ 12<sup>th</sup>: \_\_\_\_\_

Please "X" how many times you were selected as the League MVP: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Individual Team Awards (**Senior** year only):  
\_\_\_\_\_  
\_\_\_\_\_

College Athletic Scholarship (verbal or signed): (circle) YES  Or NO (circle) FULL / PARTIAL

What College? \_\_\_\_\_ What Sport? \_\_\_\_\_

Club Experience: Club \_\_\_\_\_ Year(s) \_\_\_\_\_  
List current club first. (Ex. Club: Puget Sound VBC Years: 2)

Club \_\_\_\_\_ Year(s) \_\_\_\_\_

Club \_\_\_\_\_ Year(s) \_\_\_\_\_

**DO NOT SUBMIT APPLICATION IF YOU CANNOT COMMIT TO THE ENTIRE COMPETITION.**

All matches will be played one day on **March 9<sup>th</sup>, 2019** at **LOCATION TBD**.

**PLEASE E-MAIL COACH OR PLAYER APPLICATIONS (PDF) TO THE FOLLOWING:**

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