

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION

ALL-STATE PLAYER NOMINEE 2017

OSSCA FORM 1

(This form has been modified to obtain all information required by the NSCAA. Please type or print all information. Failure to complete the entire nomination form risks DISQUALIFICATION from All-Ohio consideration)

PLAYER INFORMATION:

Name: _____ Gender: _____

Grade Level: _____

Position: _____ Graduation Month/Year: _____

Address: _____

City: _____

Zip Code: _____ Phone: _____ Email: _____

HIGH SCHOOL INFORMATION:

Complete School Name: _____

School Address: _____

City: _____

Zip Code: _____ Phone: _____ Email: _____

COACHES INFORMATION:

Name _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ NSCAA MEMBER #: REQUIRED _____

Athletic Director Information:

Name: _____

Email: _____ Phone: _____

District President Signature (required): _____

PLEASE COMPLETE NEXT PAGE

Varsity Soccer Honors: Check ALL that apply!

OSSCA Form 1 B

All-Conference 1st Team: ___ Freshman ___ Sophomore ___ Junior ___ Senior
All-Conference 2nd Team: ___ Freshman ___ Sophomore ___ Junior ___ Senior
All-Conference Hon. Mention: ___ Freshman ___ Sophomore ___ Junior ___ Senior
All-District 1st Team: ___ Freshman ___ Sophomore ___ Junior ___ Senior
OSSCA All-State 1st Team: ___ Freshman ___ Sophomore ___ Junior ___ Senior
OSSCA All-State 2nd Team: ___ Freshman ___ Sophomore ___ Junior ___ Senior
NSCAA All-Region Team: ___ Freshman ___ Sophomore ___ Junior ___ Senior
NSCAA All-American: ___ Freshman ___ Sophomore ___ Junior ___ Senior

-
- PROVIDE BRIEF ACCOUNT OF PLAYER'S ACCOMPLISHMENTS for his/her high school team ONLY in the space below.
 - Non scholastic information, including club, ODP, or any college information WILL RESULT IN A 26 point deduction.
 - Participation with US Youth National Team must be accompanied by written verification from US Soccer.
 - Do not include pictures or newspaper clippings.
 - All information above MUST be filled out in order to be eligible for ANY awards.
-

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION

ALL-OHIO NOMINATION LIST -- 2017 OSSCA FORM 2

District: _____

Division: 1 2 3 BOYS GIRLS

List the number of ALL – OHIO nominees the district receives for consideration.

These are our district nominations for All-State in the order that our district coaches selected them and the order in which they are to be presented to the All-State selection committee. The District President's Signature below testifies that they have personally verified the number of ALL - OHIO selections received and that the number of players listed below matches the number of selections issued by the OSSCA.

District President's Signature: _____

	Player's Name	Pts. received	Player's School
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____

Include the exact number of nominees that your district has for this division. **DO NOT INCLUDE AN ALTERNATE.** It is not necessary to bring down 12 names and 12 forms if your district is not getting that many nominees. You must have a form for each name placed on this nomination list, even if that player is an automatic third team selection.

Involvement in Local/State/NSCAA Organizations:

OSSCA Form 3B

Local: _____

State: _____

National/NSCAA: _____

ODP/Club/Outside Soccer: _____

-
- Provide a brief account of the coach's HIGH SCHOOL accomplishments only.
 - Non High School information other than what is requested above will disqualify the nominee.
 - Do not include pictures or newspaper clippings.
-

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION

RON PINSENSCHAUM NOMINEE -- 2017

OSSCA FORM 4

Please Note: This award is for coaches of Boys teams only. The Kim Mahoney Award is for Coaches of Girls teams only.

(PLEASE PRINT OR TYPE ALL INFORMATION ON THE FRONT SIDE ONLY)

Coach's Name: _____

Address: _____

City, Zip: _____

School: _____ OSSCA District: _____

BRIEF ACCOUNT OF COACH'S HIGH SCHOOL ACCOMPLISHMENTS INCLUDING TEAM, LEAGUE AND LOCAL NEWSPAPER AWARDS. ACCOUNT SHOULD ADDRESS COACH'S PHILOSOPHIES, ATTITUDES, CHARACTER, ETC.

District President's Signature of Verification: _____

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION

REFEREE OF THE YEAR NOMINEE -- 2017 OSSCA FORM "R"

Please Note: This award is for Referees only, boys AND girls games.

(PLEASE PRINT OR TYPE ALL INFORMATION ON THE FRONT SIDE ONLY)

Referee's Name: _____

Address: _____

City, Zip: _____

School: _____ OSSCA District: _____

BRIEF ACCOUNT OF REFEREE'S ACCOMPLISHMENTS IN HIGH SCHOOL SOCCER INCLUDING, LEAGUE AND LOCAL RECOGNITIONS. ACCOUNT SHOULD ADDRESS REFEREE'S PHILOSOPHIES, ATTITUDES, CHARACTER, ETHICS ETC.

District President's Signature of Verification: _____

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION

KIM MAHONEY NOMINEE – 2017 OSSCA FORM 5

Please Note: This award is for coaches of Girls teams only. The Ron Pinsenschaum Award is for Coaches of Boys teams only.

(PLEASE PRINT OR TYPE ALL INFORMATION ON THE FRONT SIDE ONLY)

Coach's Name: _____

Address: _____

City, Zip: _____

School: _____ OSSCA District: _____

BRIEF ACCOUNT OF COACH'S HIGH SCHOOL ACCOMPLISHMENTS INCLUDING TEAM, LEAGUE AND LOCAL NEWSPAPER AWARDS. ACCOUNT SHOULD ADDRESS COACH'S PHILOSOPHIES, ATTITUDES, CHARACTER, ETC.

District President's Signature of Verification: _____

OHSAA SPORTSMANSHIP, ETHICS, & INTEGRITY AWARD

For Coaches of Boys Teams -- 2017

OSSCA FORM 6

(PLEASE PRINT OR TYPE ALL INFORMATION ON THE FRONT SIDE ONLY)

Coach's Name: _____

Address: _____

City, Zip: _____

School: _____ OSSCA District: _____

This award is presented to one coach per year. This coach exhibits a high degree of Ethics, Sportsmanship, and Integrity.

District President's Signature of Verification: _____

OHSAA SPORTSMANSHIP, ETHICS, & INTEGRITY AWARD

For Coaches of Girls Teams -- 2017

OSSCA FORM 7

(PLEASE PRINT OR TYPE ALL INFORMATION ON THE FRONT SIDE ONLY)

Coach's Name: _____

Address: _____

City, Zip: _____

School: _____ OSSCA District: _____

This award is presented to one coach per year. This coach exhibits a high degree of Ethics, Sportsmanship, and Integrity.

District President's Signature of Verification: _____

OHSAA SCHOLASTIC SOCCER COACHES ASSOCIATION
ASST. COACH OF THE YEAR NOMINEE -- 2017 OSSCA FORM 8

(PLEASE TYPE OR PRINT ALL INFORMATION ON THE FRONT SIDE ONLY)

Circle all that apply: Girls Boys Div 1 Div 2 Div 3

School: _____

Coach's Name: _____

Coach's Address: _____

City and Zip: _____ Phone: _____

Email: _____ 2017 Record: _____

Career Record: _____ NSCAA #: _____

Coaching Licenses: _____

2017 Coaching Awards: _____

Previous Coaching Awards: _____

2017 Team Accomplishments: _____

Recent Team Accomplishments: _____

-
- PROVIDE BRIEF ACCOUNT OF COACH'S HIGH SCHOOL ACCOMPLISHMENTS ONLY.
 - NON HIGH SCHOOL INFORMATION WILL RESULT IN AUTOMATIC DISQUALIFICATION FROM CONSIDERATION.
 - DO NOT INCLUDE PICTURES OR NEWSPAPER CLIPPINGS.
 - ALL INFORMATION ABOVE MUST BE FILLED OUT IN ORDER TO BE ELIGIBLE FOR ANY AWARDS.
-

District President's Signature: _____

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION

HALL OF FAME VOTING PROCEDURES

OSSCA FORM 9

STATEMENT:

The Hall of Fame selection committee shall consist of a chairperson and the members of the OSSCA Board of Directors. The responsibility of the committee members will be to elect candidates who are nominated by letters of recommendation from three persons who are members of the OSSCA. Letters of nomination are to be sent to the committee chairperson no later than thirty days prior to the committee meeting. The committee shall meet and act on all nominees as to allow announcement of the new Hall of Fame selections at the annual spring coaches' clinic. The chairperson shall appoint an assistant and secretary from among the committee members.

Selection Criteria:

1. Letters of recommendation from three OSSCA members.
2. Fifteen years of service to scholastic soccer in Ohio after the completion of high school eligibility.

Selection Guidelines: (examples)

1. Coached an Ohio state championship team.
2. Coached a number of All-Ohio players.
3. National Hall of Fame member.
4. Coach of the Year.
5. Officer in the OSSCA.
6. Officiated in Ohio state finals.

Selection Categories: (May be combined to reach 15 years service)

1. Coach
2. Player
3. Official
4. Contributor to Ohio Scholastic soccer

Hall of Fame Committee Voting Procedure:

3. Names of all nominees will be presented to the committee for review and vote. A nominee must gain at least 60% of the total points available. Voting points are based on the number of eligible nominees times the numbers of selection committee members.

Example: If there are 6 nominees and 12 voting committee members, the maximum number of points one individual can receive is 72 points. (6 first place votes times 12 voters). In order to reach induction a successful candidate must receive 60% of 72 points, which would be 44 points.

Ballots will be cast listing nominees in priority order, i.e. the first listed nominee receives the

highest vote total and the last nominee listed will receive one point.

Example: If there are six nominees, the nominee listed first receives 6 points, the second listed receives 5 points and on down to the sixth nominee, who receives 1 point.

Selection committee members are not required to vote for all nominees on their ballots. Any first time nominee not selected will automatically be reconsidered the following year. Any nominee failing to gain membership in the Hall of Fame for two consecutive years must be renominated using the same procedure as above to be considered for membership. Upon completion of the voting process, the Hall of Fame Committee Chairperson will present the names of the new inductees to the OSSCA Executive Board.

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION HALL OF FAME NOMINEE - COACH

OSSCA FORM 10

Year Nominated _____ Year Inducted _____ Pts. received 1st year _____

Pts. received 2nd year _____

Coach's Name: _____

Home Address: _____

Phone: _____

City & Zip: _____

School: _____

School Address: _____

City & Zip _____

How long has the nominee been a member of the OSSCA ? _____

Total Years of coaching _____ Head Coach _____ JV _____ Jr. High _____

Lifetime Won-Loss Record as a Head Coach W _____ L _____ T _____

Record in Ohio W _____ L _____ T _____

Lifetime Varsity Won-Loss Record W _____ L _____ T _____

Schools they have coached at Years as coach Schools they have coached at Years as coach

Soccer Honors, Past and Present

Contributions to the **OSSCA**

Contributions to their local association/area.

Please complete the back side of this form.

For other comments or if additional space is needed see the back of this sheet.

HALL OF FAME NOMINEE - COACH

OSSCA FORM 10a

Name of Hall of Fame nominee _____

Family Size and Names
and ages. _____

Birthplace _____

College(s) Attended _____

College Honors _____

High School Attended _____

High School Honors _____

Name & Address of Local Paper _____

=====

If more space is needed from the front of the sheet, use the area below.

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION HALL OF FAME NOMINEE - PLAYER

OSSCA FORM 11

Year Nominated _____ Year Inducted _____ Pts. received 1st year _____

Pts. received 2nd year _____

Player's Name: _____

Home Address: _____

City, Zip: _____

Phone : _____

High School: _____

School Address: _____

City, Zip: _____

PLEASE NOTE: The OSSCA Hall of Fame nominees for a player are not based on their HS accomplishments alone. They will have had to have success in either the professional level or the National Team Senior level, such as Brad Friedel. OSSCA bylaws state that any player capped on the senior teams are automatically nominated to the OSSCA Hall of Fame.

Play beyond high school:	Team	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors, Past and Present

Contributions to the OSSCA or local association/area (not a requirement for player nominees)

Other comments

Please complete the back side of this form.
For other comments or if additional space is needed see the back of this sheet.

HALL OF FAME NOMINEE - PLAYER

OSSCA FORM 11a

Name of Hall of Fame nominee _____

Family Size and Names
and ages. _____

Birthplace _____

College(s) Attended _____

College Honors _____

High School Attended _____

High School Honors _____

Name & Address of Local Paper _____

=====

If more space is needed from the front of the sheet, use the area below.

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION HALL OF FAME NOMINEE – CONTRIBUTOR OSSCA FORM 12

Year Nominated _____ Year Inducted _____ Pts. received 1st year _____

Pts. received 2nd year _____

Contributor's Name: _____

Home Address: _____

City, Zip: _____

Phone: _____

OSSCA MEMBER: YES NO YEARS _____

Contributions to the game of soccer in Ohio:

Contributions to the OSSCA or local association/area

Other comments

Please complete the back side of this form.
For other comments or if additional space is needed see the back of this sheet.

HALL OF FAME NOMINEE - CONTRIBUTOR

OSSCA FORM 12a

Name of Hall of Fame nominee _____

Family Size and Names
and ages. _____

Birthplace _____

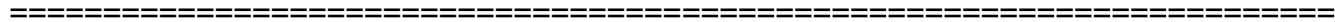
College(s) Attended _____

College Honors _____

High School Attended _____

High School Honors _____

Name & Address of Local Paper _____



If more space is needed from the front of the sheet, use the area below.

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION HALL OF FAME NOMINEE - OFFICIAL

OSSCA FORM 13

Year Nominated _____ Year Inducted _____ Pts. received 1st year _____

Pts. received 2nd year _____

Official's Name: _____

Home Address: _____

City, Zip: _____

Phone: _____

Years as an official _____

OSSCA MEMBER _____

YEARS _____

Honors, Past and Present

State Championship or semi-final games that they refereed:

Contributions to the OSSCA or local association/area

Other comments

Please complete the back side of this form.

For other comments or if additional space is needed see the back of this sheet.

HALL OF FAME NOMINEE - OFFICIAL

OSSCA FORM 13a

Name of Hall of Fame nominee _____

Family Size and Names
and ages. _____

Birthplace _____

College(s) Attended _____

College Honors _____

High School Attended _____

High School Honors _____

Name & address of local paper _____

=====

If more space is needed from the front of the sheet, use the area below.

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION

COACHING VICTORIES -- 2017

OSSCA FORM 14

- Recognition is awarded for 100,150,200,250, 300, 350 etc. Varsity high school wins only.
- All wins must be as a Varsity Head Coach. Wins do not have to be at the same school.
- Tournament games are included. Preseason games do not count.
- Please complete the following list for any coaches that qualify.
- Use additional forms if needed.

DISTRICT: _____

Signature of District President for Verification:

NAME	SCHOOL	RECORD	YEARS
------	--------	--------	-------

1

Address _____

2

Address _____

3

Address _____

4

Address _____

5

Address _____

6

Address _____

7

Address _____

8

Address _____

9

Address _____

10

Address _____

11

Address _____

12

Address _____

13

Address _____

14

Address _____

COMPLETE FORM DUE TO THE OSSCA VP-HONORS AT ALL STATE VOTING.

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION

OSSCA TEAM ACADEMIC AWARD -- 2017 OSSCA FORM 15

NAME OF SCHOOL _____

BOYS GIRLS

SCHOOL ADDRESS

CITY & ZIP

NAME OF COACH - please print _____ OSSCA DISTRICT _____

ALL OF THE CONTACT INFORMATION NEEDS TO BE COMPLETED IN ITS ENTIRETY. FAILURE TO COMPLETE THE CONTACT INFORMATION COMPLETELY WILL RESULT IN THE FORM BEING VOIDED.

ONCE A TEAM SUBMITS A VOIDED FORM, THE TEAM LOSES THE OPPORTUNITY TO WIN THAT AWARD FOR THAT YEAR. TEAMS THAT SUBMIT A VOIDED FORM WILL NOT BE NOTIFIED.

<u>GPA</u>	<u>TEAM MEMBERS</u>	<u>GRADE</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____

IF MORE PLAYERS RECEIVED A VARSITY LETTER USE THE REVERSE SIDE

TEAM AVERAGE GPA _____

- Remember that you MUST attach a copy of your team's game day roster.
- The OHSAA eligibility form DOES NOT count as a team roster.
- The players on the game day roster need to exactly match the names on this form.
- Failure of the names to match up will result in the form being automatically voided.

District President's Signature:

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION

TEAM ACADEMIC AWARD -- 2017 OSSCA FORM 15a

CRITERIA AND DIRECTIONS

The OSSCA sponsors a team academic award that is open to all teams that field a varsity level soccer team. There is no limit to the number of teams that can win the award.

The requirements for the award are as follows:

- 1 The team needs to complete and submit the OSSCA TEAM SCHOLARSHIP FORM at the All State voting meeting in late October/early November.
- 2 The form will include the following information:
 - TEAM NAME
 - GENDER OF TEAM
 - **COMPLETE ADDRESS OF SCHOOL INCLUDING CITY AND ZIP CODE**
 - PRINTED NAME OF COACH
 - OSSCA DISTRICT

A COMPLETE LIST OF ALL VARSITY LETTER WINNERS ALONG WITH THEIR GPA AS CALCULATED AT THEN END OF THE SECOND SEMESTER OF THE **PREVIOUS** YEAR. THIS MIRRORS THE NSCAA AWARD, RECOGNIZING THE TEAM FROM THE PREVIOUS SEASON.

ALL GPA's MUST BE CALCULATED TO TWO (2) DECIMAL PLACES.

THE TEAM AVERAGE GPA MUST BE AT LEAST A **3.00 ON A 4.00 SCALE** ON EITHER A WEIGHTED OR AN UNWEIGHTED SCALE. GRADES ARE NOT TO BE ROUNDED.

NINTH GRADERS ON A VARSITY TEAM THAT ARE ATTENDING THE SCHOOL FOR THE FIRST TIME DO COUNT TOWARDS THE TEAM GPA. PLAYERS WHO HAVE TRANSFERED FROM ANOTHER SCHOOL AND SHOULD HAVE THEIR GPA INCLUDED IN THE CALCULATIONS.

AS WITH ALL OSSCA AWARDS THE DISTRICT PRESIDENT NEEDS TO SIGN THE FORM BEFORE IT IS SUBMITTED TO THE OSSCA.

Use the space below to add any players not listed on the front side of this form.

19 _____

20 _____

21 _____

22 _____

**OHIO SCHOLASTIC SOCCER COACHES
ASSOCIATION**

REFEREE AWARD -- 2017 OSSCA FORM 21

THIS FORM IS FOR INTERNAL USE ONLY BY DISTRICT PRESIDENTS

The referees that are listed below are certified by the OSSCA District President to be that district's nominees for the OSSCA referee award. There are to be no more than two nominees per district. The recipients do not need to be ranked.

DISTRICT: _____

REFEREE AWARD: You must include the complete mailing address of the referee to nominate them for the REFEREE AWARD.

Name of referee _____

Address _____

City, state, zip _____

Name of referee _____

Address _____

City, state, zip _____

Signature of District President _____

District Presidents need only bring 1 copy of this form to the All-Ohio voting meeting.

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION
TEAM SPORTSMANSHIP AWARD -- 2017 **OSSCA FORM 22**

THIS FORM IS FOR INTERNAL USE ONLY BY DISTRICT PRESIDENTS

The teams that are listed below are certified by the OSSCA District President to be that district's nominees for the OSSCA team sportsmanship award. There is to be one and only one team per division per gender. If a team is not nominated in one division a district may not substitute a team from another division or gender.

DISTRICT: _____

GIRLS TEAM SPORTSMANSHIP AWARD

	SCHOOL	COACH
DIVISION 1	_____	_____
School address with zip code: _____		
DIVISION 2	_____	_____
School address with zip code: _____		
DIVISION 3	_____	_____
School address with zip code: _____		

BOYS TEAM SPORTSMANSHIP AWARD

	SCHOOL	COACH
DIVISION 1	_____	_____
School address with zip code: _____		
DIVISION 2	_____	_____
School address with zip code: _____		
DIVISION 3	_____	_____
School address with zip code: _____		
Signature of District President _____		

District Presidents need only bring 1 copy of this form to the All-Ohio voting meeting.

