

OHSAA SCHOLASTIC SOCCER COACHES ASSOCIATION
ASST. COACH OF THE YEAR NOMINEE -- 2019 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: _____ 2019 Record: _____

Career Record: _____ NSCAA #: _____

Coaching Licenses: _____

2019 Coaching Awards: _____

Previous Coaching Awards: _____

2019 Team Accomplishments: _____

Recent Team Accomplishments: _____

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- 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.
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