

OHIO SCHOLASTIC SOCCER COACHES ASSOCIATION

COACH OF THE YEAR NOMINEE -- 2019

OSSCA FORM 3

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

Circle all that apply: Girls Boys Div 1 Div 2 Div 3
PUBLIC SCHOOL PRIVATE / PAROCHIAL

Coach's Personal Data:

Name: _____
Email: _____ Gender: _____

Coach's High School Information:

Complete School Name: _____
Region: _____
School Address: _____
City: _____ Zip Code: _____
Phone: _____ Fax: _____

Athletic Director Information:

Name: _____ Phone: _____

Coach's Mailing Address:

Street: _____
City: _____ Zip Code: _____
Home Phone: _____

Coach's Background Information:

NSCAA Membership #: _____ Number of Years a NSCAA Member: _____
College Graduated From: _____
Year of Graduation: _____ Number of Years Coaching High School: _____
Coaching Diplomas/Licenses: _____

Current Team Honors/Accomplishments: _____

Past seasons Highlights/Accomplishments: _____

Career Record: _____

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.
-