



**2024 US Youth Soccer TOPSoccer Coach of the Year  
Nomination Form**

**Requirements to apply:**

- An individual may be nominated and selected as the TOPSoccer Coach of the Year for extraordinary accomplishments as a TOPSoccer Coach if the individual, in carrying out the US Youth Soccer TOPSoccer program and its events and activities—
- (1) Has demonstrated patience, understanding, dependability, flexibility, and ability to adjust to ever-changing on-field situations;
  - (2) Has proven to be an invaluable volunteer who facilitates the Program by filling many roles, including being a coach, a cheerleader, a role model, and administrator.
  - (3) Has provided leadership and support,
  - (4) Is cognizant of player safety while, guiding, directing, teaching the game of soccer and its skills, and creating a fun and learning experience.
  - (5) Is at least age 19 or older.

**State Association: Michigan**

*Complete home address and phone numbers are required. Please TYPE or PRINT LEGIBLY.*

**Nominee's Name:**

\* **PRINT** nominee's name **EXACTLY** as it is to appear on the certificate.

**Address:**

**City:**

**State:**

**Zip:**

**Email:**

**Phone (area code):**

**Occupation:**

**TOPSoccer Program:**

**Criteria:**

Responses to each of the following 3 criterions should be kept to a **maximum** of 400 words and attached on a separate sheet.

**1) Involvement with TOPSoccer and community:** How and when did the nominated Coach get involved with TOPSoccer? What impact has he or she had on the local program? Has the TOPSoccer Coach demonstrated leadership within the community? How so? What other activities is the Coach involved in?

**2) Promoting TOPSoccer:**

What steps has the TOPSoccer Coach taken to further advance the program? Does the TOPSoccer Coach participate in soccer outside his or her position as a TOPSoccer Coach (i.e. playing or refereeing)? Has the Coach created relationships within the community to promote TOPSoccer? Give examples.

**3) Moral and Ethical Character:**

Does the TOPSoccer Coach share similar values to those of US Youth Soccer and its' members? How has the TOPSoccer Coach's involvement with TOPSoccer shaped his/her character?

**Nominator Name:**

**Relation to Nominee:**

**Phone (area code):**

**Email:**

**Address:**

**City:**

**State:**

**Zip:**

**Entries for state consideration should be electronically sent to your State Association office. Deadlines vary, so please check with your State Association office. Their contact information can be found by clicking on the link below and going to their website:**

<https://www.usyouthsoccer.org/state-associations/>

**Your completed nomination should include only the a) completed nomination form & b) supporting documents.** No more than 3 letters of recommendation should be included. Others will be discarded. The winners of each of the 54 State Associations will be forwarded to the review team and possibly submitted as a national nominee for the 2024 US Youth Soccer TOPSoccer Coach of the Year.

**Subject to Change**

\*All nominations must be received by MSYSA by 5 p.m. 9/26/24

\*Nominations submitted via email: [stateoffice@michiganyouthsoccer.org](mailto:stateoffice@michiganyouthsoccer.org)

