



**SCACA ASSISTANT COACH OF THE YEAR  
NOMINATION FORM**

**CRITERIA:**

1. Must be nominated by the school's Athletic Director, letters of recommendation [3] from the Athletic Director, School Principal and Head Coach must be attached to this form.
2. Nominee must be a current SCACA member with at least 10 years membership and 10 years coaching experience.
3. This is a CAREER AWARD.
4. High School Level Only.

**APPLICATION DEADLINE – MARCH 1st**

APPLICATION DATE \_\_\_\_\_

SUBMITTED BY \_\_\_\_\_

NOMINEE \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_ HOME PHONE \_\_\_\_\_

**SCHOOL SERVICE HIGH SCHOOL ONLY:**

DATES      SCHOOL      SPORT

19 \_\_\_\_\_

19 \_\_\_\_\_

19 \_\_\_\_\_

19 \_\_\_\_\_

20 \_\_\_\_\_

20 \_\_\_\_\_

PLEASE ATTACH LETTERS OF RECOMMENDATION TO THIS FORM.  
RETURN NOMINATION MATERIALS TO:

**R. Shell Dula  
P O Box 50028  
Greenwood, SC 29649**