



**ARKANSAS STATE SOCCER ASSOCIATION**  
**2019 ADMINISTRATOR OF THE YEAR**  
**Nomination Form**



**Requirements to apply:**

An individual may be nominated and selected as the **Administrator of the Year** for extraordinary accomplishments in the administration of youth soccer if the individual –

- (1) Has been a soccer administrator for US Youth Soccer, a region, a State Association (including any of its territorial areas) or a member or team of any of those organizations for at least one seasonal year; and
- (2) Is not a member of the Board of Directors of US Youth Soccer during the seasonal year for which the individual is being nominated.

NOMINEE'S NAME \_\_\_\_\_  
Print name as it is to appear on the certificate

ADDRESS \_\_\_\_\_  
No. Street City/Town State Zip

EMAIL ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

OCCUPATION \_\_\_\_\_ CLUB/LEAGUE \_\_\_\_\_

**Criteria:** Please respond to the following criteria on a separate sheet. Response should be kept to a **maximum** of 400 words.

**1) Involvement with soccer and community:**

How and when did the nominated administrator get involved with soccer? What impact has his/her work had on the local association? Has the nominee been active within the community? What other activities, aside from soccer, is the nominee involved in?

**2) Promoting the game:**

What steps has the administrator taken to further advance the game? Does the administrator participate in the game outside his or her position as an administrator (i.e. playing, coaching, or refereeing)? Has the administrator created relationships within the community to promote the game? Give examples.

**3) Accomplishments:**

How has the nominated administrator serviced the existing membership? What steps has he/she taken to increase membership? What significant projects has he/she created and implemented? Give specific examples.

**4) Letters of Recommendation (optional):**

No more than three letters of recommendation should be included. Others will be discarded.

NOMINATOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
No. Street City/Town State Zip

EMAIL ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

RELATIONSHIP to NOMINEE \_\_\_\_\_

Entries must be received by January 5, 2020 and should be sent to the following address:  
Arkansas State Soccer Association, Executive Director  
9871 Brockington Road, Suite 10, Sherwood, AR 72120 or email [Director@ArkansasSoccer.org](mailto:Director@ArkansasSoccer.org)  
All nominees will be recognized and the winner will be announced at the ASSA AGM in February, 2020.