

**SOUTH CENTRAL DISTRICT ATHLETIC ASSOCIATION**

**Years of Service Recognition and Service Awards Form**

**School:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Years of Service Recognition**

Name	5	10	15	20	25	30

\*\*\*\*\*

**SCD/SHSAA Service Award Nomination**

Name of Nominee: \_\_\_\_\_ Division: \_\_\_\_\_

Nominated By: \_\_\_\_\_ Seconded By: \_\_\_\_\_

Briefly outline the nominee’s contributions to the student-athletes of their school, our district (and the SHSAA, if nominated for the SHSAA Service Award). Include years of service, coaching, officiating, administration, etc..

Briefly outline the nominee’s community leadership and involvement.

Provide some biographical information.

Submitted to the South Central District president on \_\_\_\_\_  
Date

***This form is due by April 24 of this school year***