2026 US Youth Soccer TOPSoccer® Coach of the Year Nomination Form

Requirements to apply:
Anindividual may be nominatedand selected as the TOPSoccer Coach of theYear forextraordinary 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:

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:
Reponsesto 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:
Howandwhendid thenominated Coachget 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:
Whatsteps hastheTOPSoccer 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:
DoestheTOPSoccerCoach 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 mailed 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 for regional nomination and possible national nomination as the 2023 US Youth Soccer TOPSoccer Coach of the Year.

Subject to change
rev1.1