



## PSAL FOOTBALL STUDENT / ATHLETE OF THE WEEK NOMINATION FORM

(Duplicate as needed)

Game Date \_\_\_\_\_ Opponent \_\_\_\_\_

Final Score \_\_\_\_\_

Student's Name \_\_\_\_\_  
(Please type or print legibly)

High School \_\_\_\_\_  
(Please type or print legibly)

Home Address \_\_\_\_\_  
Street # City State Zip Code

Student's Home Telephone Number ( ) \_\_\_\_\_

Student's Average (June Report card): \_\_\_\_\_

SAT Score (If available): \_\_\_\_\_

Civic/Community Participation: \_\_\_\_\_  
\_\_\_\_\_

College Plans (If available): \_\_\_\_\_  
\_\_\_\_\_

College Major (if Available): \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

I recommend this student for consideration:

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Coach's Signature Athletic Director's Signature Principal's Signature

**Please attach to this application: 1) the student's transcript 2) game statistics**

**PLEASE FAX (718) 707-4224 & MAIL A HARD COPY TO:**

**Tyrone Parker, Sports Coordinator  
PSAL  
44-36 Vernon Blvd.  
Long Island City, NY 11101**

