



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**



www.PSAL.org
PUBLIC SCHOOLS ATHLETIC LEAGUE

