**2026 NHSACA *Girls’ Cross Country* Coach of the Year Nominee Form**

**If you were a NHSACA Girls’ Cross Country** **COTY National Finalist or Coach of the Year recipient in another category in 2024 or 2025, you are not eligible for this award, and you should return this form to your state executive director, *without completing it*.**

**You may NOT be nominated for more than one NHSACA COTY award category in the same year.**

**If you have been named the NHSACA National Coach of the Year in this category in a previous year you are not eligible to be nominated again.**

**\*\* All Nominees must be active head coaches for the category they are nominated in for the current NHSACA National COTY Award Program (2025-26): OR State Associations may nominate a retired coach for the NHSACA National Coach of the Year Awards program following the criteria below:**

1. **The coach may not be retired for more than two years in the category they are nominated in. (i.e. nominations for the 2025-26 COTY Awards Program are based on the coach’s career through the 2024-25 school year. The retired coach to be nominated could not have retired prior to the 2023-24 school year.)**
2. **The retired coach nominated may not have been a finalist in the sport they are nominated in during the previous two conventions.**
3. **The retired coach nominated may not have been a national COTY recipient in any category during the previous two conventions.**

**Sport: Girls’ Cross Country State**

**Nominee’s Name**

**Mailing Address**

**City** **State** **Zip**

**Cell Phone (****)** **Home Phone (****)**

**E-Mail you wish to use for this process (Very Important):**

**School you are currently coaching at:**

**Are you a member of your State Coaches Association? Yes****No**

**Email (NOT WEBSITE) of your local media for NHSACA’s use:**

**Name as you would like it to appear on the plaque if you are selected as a finalist:       Name of your Athletic Director** Click here to enter text.

**Email Address for your Athletic Director** Click here to enter text.

**BY NOMINEE:** **By checking below, I certify that the information disclosed herein is accurate and correct and that I was not a NHSACA *Girls XC* COTY finalist or a COTY recipient in another category in 2024 or 2025, and I am not a nominee for any other NHSACA COTY award for 2025-26.** **I Affirm**

**1. VARSITY COACHING TENURE:**

**Note: This section applies to positions you held as a VARSITY HIGH SCHOOL GIRLS’ CROSS COUNTRY COACH through the** **2024-25 school year. Coaching positions at the Junior High or College level are not to be included.**

**Total # Years as**

**School, City, State HS Head Coach**

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**TOTAL YEARS as a High School VARSITY GIRLS’ CROSS COUNTRYHEAD COACH through 2024-25:**

**2. VARSITY COACHING RECORD AS HEAD GIRLS’ CROSS COUNTRYCOACH ONLY:**

**Note: This section applies to positions you held as a HIGH SCHOOL VARSITY HEAD GIRLS’ CROSS COUNTRY COACH from the beginning of your career through the 2024-25 school year. DO NOT include any Middle school, junior high, junior varsity or college level records.**

**WON/LOSS RECORD: Please provide your total wins and losses as a head Girls’ Cross Country coach from the beginning of your career through the 2024-25 season. This includes post season results.**

**WINS:**

**LOSSES:**

**3. PROFESSIONAL HIGH SCHOOL ATHLETIC SERVICE:**

**Note: This category applies to ANY high school athletic organizational leadership role at the local, state, or national level. List office/position held, committee assignments, chairmanships, director, board member, etc. Be sure to prioritize your service and list only the 6 most important accomplishments at each level on this form.**

**\*\*You are not restricted to including only leadership in the sport you are nominated for. Any and all service to high school sports may be included This DOES NOT include any Club Sports or sports organized and sponsored by independent organizations: i.e. AAU Basketball. This DOES NOT include feeder programs for your school district.**

**Service includes serving as a coach for your State Coaches’ Association All-star competitions in the sport you have been nominated in. Do not use ACRONYMS. Do not write on the back or add pages.**

**Total #**

**of Years Organization Position**

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**4. TEAM CHAMPIONSHIP YEARS THROUGH 2024-25:**

1. **How many state team championships have your teams won in the sport you are nominated in?** **How many high school teams are there in your division in your state?**
2. **List the years of those championships:**
3. **How many state runner-up titles have your teams won in the sport you are nominated in?**
4. **List the years of those runner-up finishes:**
5. **How many regional (State Qualifying Tourney) team championships have your teams won in the sport you are nominated in?** **How many high school teams are there in your division in your region?**
6. **List the years of those regional championships:**

**5. HIGH SCHOOL COACHING HONORS: For Sport you are nominated for**

**Note: Honors received as a result of your work as a High School Coach should be included, such as: Coach of the Year, Hall of Fames, or Milestones, etc. DO NOT submit any non-high school athletic awards. Be sure to prioritize coaching honors and list only the 6 most important accomplishments at each level on this form. Do not use ACRONYMS. Do not write on the back or add pages.**

**Total #**

**of Years Organization Honor/Award \_\_\_\_**

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**REQUIRED INFORMATION ABOUT YOUR COACHING BIO**

**What unique things make you stand out from the other applicants. What makes you different. This can be on or off the field of play. This is important information for people at the banquet to understand who you are and what is important to you, now is NOT the time to be humble. Some of this will be included in your bio at the banquet and helps us present you. This information will not be used in your evaluation process.**