

MINNESOTA STATE HIGH SCHOOL COACHES ASSOCIATION, INC.
APPLICATION FOR 25 YEAR CLUB

This award is presented annually by the Minnesota State High School Coaches Association at the Hall of Fame banquet. Candidates must meet the following qualifications: Please return your application before May 15th.

1. Candidates must have been an active coach or athletic administrator during a 25 year period of their educational career. This service may have been, in part, in other states. To qualify, as a coach, or athletic administrator candidates must have been officially designated by the administration of that school.
2. Because the award is sponsored and financed by the MSHSCA, the association feels that the recipient of the award must have been an active member of the MSHSCA. To qualify, the recipient must have been a member 80% of the last ten years of coaching and or athletic administration.
3. Military service may count as part of the 25 years as long as the time spent in the military interrupted the candidate's career in coaching. Military service prior to the commencement of the coaching career is not to be considered as part of the 25 years.
4. Each applicant must have verification of their career by a member of the schools administration. (AD, Principal, Superintendent) This verification must be submitted with the return of this application.
5. Each applicant will be reviewed by the office of the Executive Director and then submitted for final approval by the MSHSCA Executive Committee. Recipients will be officially notified prior to the beginning of the next school year regarding their acceptance.
6. Upon induction into the MSHSCA 25-year club, the coach becomes eligible for LIFE MEMBERSHIP into the MSHSCA. A form will be sent to each inductee that will allow them to decide if they wish to obtain life membership at a cost of \$40.00. The coach will receive a Life Card upon payment and have a choice to receive a plaque. The coach will also be invited to the Awards Banquet in October.

Name _____ Age _____

Home Address _____

City, Zip Code _____ Home Phone _____

Name of school _____

**Attach record of coaching/administration of athletics with proper verification and mail to: Minnesota State High School Coaches Association, 16332 Deer View Rd
Park Rapids, MN 56470 Phone:(218) 732-0204**