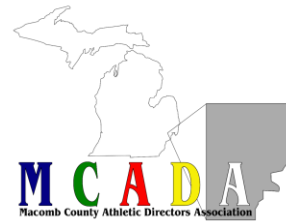


**Macomb County Athletic Directors Association
 Nomination Application for
 Jack Francis Award of Merit INDUCTION 2025**
 (Completed Application must be submitted by June 1, 2024)



Full Name _____ Male _____ Female _____

Address _____ City/ State _____ Zip _____

Email _____ Phone # _____

OVERALL SERVICE

Total number of years of service in Macomb County:

	Total years	Starting Year	Ending Year
Coaching			
Athletic Director			
Administrator			
Other			

Athletic Program Experience:

List School(s)/Athletic Programs where you have worked in Macomb County	Grade level or Team	Number of Years	Position
1			
2			
3			
4			
5			
6			

List any Athletic Program honors below:

Name	Description

SPECIAL INTEREST INFORMATION:

List any contribution(s) and or service to your profession (Please attach separate sheet if needed)

What made working with the Athletic Program enjoyable to you? (Please attach separate sheet if needed)

Describe a memorable moment(s) in your career. (Please attach separate sheet if needed)

REFERENCES

**TWO LETTERS OF REFERENCE SUPPORTING YOUR NOMINATION
MUST BE ATTACHED WITH THIS APPLICATION.**

Submitting Athletic Director

School Name _____ Athletic Director _____
Date submitted _____ Athletic Director phone _____
Signature of Athletic Director _____