



QUINCY YOUTH SOCCER LEAGUE
P.O. Box 692209
Quincy MA, 02269

Joy Hanlon, Michael Therrien, and Malcolm MacNeil Awards

Quincy Youth Soccer established a Memorial Fund, in memory of Joy Hanlon. Joy was a participant in QYS programs until she passed away in 1992. We established this book award to honor Joy's memory, her competitive spirit, and her love of soccer.

Quincy Youth Soccer honors the memory of Michael Therrien. Michael was a member of the QYS Board of Directors, serving as Treasurer until his passing. A devoted coach, father, and community member. Michael was most remembered for his dedication.

Malcolm MacNeil award exemplifies dedication to public service and love of the game of soccer. He was a longtime leader and advocate for QYS and is still involved through his extended family.

The emphasis of these scholarships is the participation in soccer with Quincy Youth Soccer and giving back to the community.

Eligibility:

1. Any Quincy Youth Soccer player or former player, who is a graduating senior and who has played a minimum of **eight seasons** is eligible. Fall and spring seasons are counted separately.
2. Quincy Youth Soccer requires all applicants to have a minimum of **20 hours of community service** within QYS programs.
(for example: First Kicks Program, Jamboree etc)

Award Committee: The committee consist of Quincy Youth Soccer Board Members, the Hanlon Family, the Therrien Family, and the MacNeil Family or their designated selectors.

Applications are distributed to local high schools in the spring and is available on the Quincy Youth Soccer website at www.quincyyouthsoccer.com.

Completed applications should be returned to Quincy Youth Soccer by **Friday April 29th 2022** and mailed to

Quincy Youth Soccer
PO BOX 692209
Quincy, MA 02269

Or

Email to president@quincyyouthsoccer.com with the subject line “Book Award”



QUINCY YOUTH SOCCER MEMORIAL AWARD APPLICATION FORM

I am applying for:

Joy Hanlon Award

Michael Therrien Award

Malcolm MacNeil Award

Check all boxes that apply.

Name: _____

Address: _____

Telephone Number: _____

Date of Birth: _____

Email: _____

High School: _____

College: _____

Please provide the following for Quincy Youth Soccer.

Include In-house and Travel seasons; fall and spring seasons separately.

(Season – Year – Age Group – Team/Coach; For example: Fall 2012, U10B, Thunder or Coach)

Please list any involvement with Quincy Youth Soccer, referee, coach, or volunteer:
(Program – Seasons - Year / Dates – Hours) (**For example:** Volunteer for First Kicks,
Spring 2018: 20 hours)

Please list any extracurricular school activities you wish the committee to consider.

Please list community service activities you would like the committee to consider:

REQUIRED: In a short paragraph: How did Quincy Youth Soccer influence your life?

Signatures: Applicant: _____ Date: _____

Parent: _____ Date: _____