

QUINCY YOUTH SOCCER LEAGUE

P.O. Box 69-2209

Quincy MA, 02269

Joy Hanlon and Michael Therrien Memorial Awards

Beginning in 1995, Quincy Youth Soccer(QYS) established a Memorial Fund, in memory of Joy Hanlon. Joy was an active participant in QYS until her tragic death in 1992, at the age of nine. In establishing this book award, QYS wished to honor Joy’s memory, her competitive spirit and her love of soccer.

A second award established in 2000 honors the memory of Michael Therrien. Mike was an active member of the QYS Board of Directors, serving as Treasurer, until his untimely death in 1999. A devoted coach, father and community member, Michael is most remembered for his energetic dedication to children.

The emphasis of this award is participation in soccer with QYS and in the greater Quincy community. While grades and community service are considered in deciding the winner of the book award, they are not the primary *requirement*.( I can’t quite find the correct word that I mean here.)

**Eligibility:** Any QYS 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.

In addition, any season as a volunteer, coach or referee may be counted toward the 8 season total. Community service, not related to soccer, may also be considered.

**Award Committee:**  The committee is made up of the Committee Chairpersons; Mr. Rich Hanlon and Mrs. Marie Therrien, their designated selectors, the QYS President, and two additional QYS board members.

Applications are distributed to local highs schools in the spring. Additionally, applications may be obtained by visiting the QYS website at [www.quincyyouthsoccer.com](http://www.quincyyouthsoccer.com). Completed applications should be returned to Quincy Youth Soccer at the post office address above before April 10 or attached and emailed to [cobblekle@gmail.com](mailto:cobblekle@gmail.com) with the Subject Line “Book Award”.

**I am applying for:**

**\_\_\_\_\_ Joy Hanlon Award**

**\_\_\_\_\_ Michael Therrien Award**

**check all boxes that apply**

QUINCY YOUTH SOCCER



MEMORIAL AWARD APPLICATION FORM

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List to the best of your ability the seasons and years you played Quincy Youth Soccer. Include both In-house and Travel seasons, fall and spring seasons separately. If possible, list team name or coach e.g.: Fall 2005, U10B, Revolution:

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Other than as a player, please list any involvement with Quincy Youth Soccer, e.g.: referee, coach, commissioner. Please list seasons, and positions held:

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Please list any extracurricular school activities you wish the committee to consider. Include any offices you may have held while in high school:

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Please list any outside of school or community service activities you would like the committee to consider:

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Please add any additional comments about the impact QYS has had on your life:

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Signatures: Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_