



ONTARIO FEDERATION OF SCHOOL ATHLETIC ASSOCIATIONS  
FÉDÉRATION DES ASSOCIATIONS DU SPORT SCOLAIRE DE L'ONTARIO

**OFSAA CHARACTER ATHLETE OF THE SEASON APPLICATION**  
**(To be completed by teacher-coach)**

**(Please Print or Type . Application can be faxed, mailed or emailed)**

Name of student-athlete: \_\_\_\_\_

Name of nominating coach: \_\_\_\_\_

School address: \_\_\_\_\_  
Street Town/City Postal Code

Student's grade: \_\_\_\_\_

Coach Email address: \_\_\_\_\_

School name and address: \_\_\_\_\_

School Sports in which student participates:

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List other school and community Activities - clubs, organizations, school council, volunteer service, etc):

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Ways in which the student demonstrates OFSAA's values (leadership, commitment, respect, equity, growth and development):

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**ALL INFORMATION PROVIDED IN YOUR APPLICATION WILL BE KEPT STRICTLY CONFIDENTIAL.**

**SUBMIT TO:**     [lindsey@ofsaa.on.ca](mailto:lindsey@ofsaa.on.ca)

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