

# BYRA

## Broomfield Youth Recognition Awards

# 2012 Nomination Form

*Recognizing our youth...*

The Broomfield Youth Recognition Award (BYRA) is an award that recognizes graduating youth who have overcome personal adversity and created positive change in their lives. The program provides business, community, and civic leaders an opportunity to actively demonstrate their belief in, and support for, the young people in our community.

BYRA focuses on teenagers who have triumphed over great odds and who serve as inspiration and role models. If you know young people who would be good candidates for this award, please help us identify them by completing the attached nomination form.

### Mission of the Broomfield Youth Recognition Award Program

*To identify and recognize youth who have overcome obstacles and adversity by giving of themselves to family or community. To provide an opportunity for youth to further develop as valued and contributing members of the Broomfield community.*

The Broomfield Youth Recognition Award is unique because it recognizes youth who have overcome difficult situations in their lives by making positive changes through exhibiting strength and determination in the face of adversity. The young people we recognize have had a positive influence on those around them and often have not had any official recognition.

Nominations will be considered for graduating seniors in public and private schools. Students who attend alternative and home school settings are also eligible.

In describing your nominee, please be specific as to why you think your nominee should receive this award. As you fill out these forms, keep in mind that the more information you include, the easier it will be for the Broomfield Youth Recognition Award committee to recognize what makes these young people so special. We realize that some of the information may be sensitive. Those youth who are selected will be recognized at community events and their stories of triumph over



# Broomfield Youth Recognition Award 2012 Nomination Form

## Details

- NOMINATION FORMS MUST BE RECEIVED NO LATER THAN DECEMBER 31, 2011. NOMINATIONS WILL NOT BE ACCEPTED AFTER THIS DATE.**
- Please indicate if any part of this information is to be kept **confidential**.
- Nominees must be graduating seniors within the current application period.
- All nomination forms must be signed and mailed to Colleen Girard, County Coordinator, at Broomfield Department of Health and Human Services, #6 Garden Center, Broomfield, Colorado, 80020. No forms will be accepted without signatures.

**Step 1. Tell us about your nominee.** (Please enter information in the fields below and fill the form out completely.)

Date: Gender: Male Female

Name of Nominee: Nominee's Phone:

Address: City: Zip Code: County:

School attending: Date of Graduation:

County in which School is located: Email:

Nominee's age as of 12/31/11: Date of Birth:

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Nominator's Name: Nominator's Phone:

Address: City: Zip Code:

Nominator's Relationship to Nominee: Email:

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Additional Contact Person: Phone:

Address: City: Zip Code:

Relationship to Nominee: Email:

**NOMINATION FORMS MUST BE RECEIVED NO LATER THAN DECEMBER 31, 2011.**

## Step 2. Tell us why your nominee deserves this award.

Please be as specific as possible and use additional sheets if necessary. Pertinent supplementary material may be included. Please fill this form out completely by **typing or printing legibly** in the form fields below.

Provide as much information and as many **specific** examples as possible. (Examples might include: overcoming physical, emotional, or other challenges; providing financial or emotional support to family and friends; providing care for a family member or friend; providing positive leadership and role modeling for other youth; positive behavioral changes; and community involvement.)

1. Describe the personal adversity, difficult environment, or limitations your nominee has overcome.

2. What were the key factors that helped your nominee overcome his or her adversity to an advantage?

3. In what ways has your nominee positively impacted himself/herself, other youth, their family, or community?

4. Is there any other information you would like to share about the nominee?

To the best of my knowledge, all the information provided in this application is true and accurately reflects the nominee.

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Signature of Nominator

Date

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Signature of Nominee

Date

## Complete entire nomination form, sign and mail, email or fax to:

Colleen Girard  
Broomfield Health and Human Services  
6 Garden Center  
Broomfield, CO 80020  
cgirard@broomfield.org  
720-887-2201  
720-887-2268 (fax)