



# BYRA 2014 NOMINATION FORM

*RECOGNIZING OUR YOUTH...*

The Broomfield Youth Recognition Award (BYRA) is an award that recognizes youth, ages 13-19, 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 of any young people who would be good candidates for this award, please help us identify them by completing the attached nomination form.

---

## MISSION OF THE BYRA 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 students ages 13-19 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 adversity will be shared. It is imperative that any information you wish to remain confidential be noted on the application.





## Details

1. **NOMINATION FORMS MUST BE RECEIVED NO LATER THAN DECEMBER 31, 2014.**
2. Please indicate if any part of this information is to be kept **confidential**.
3. Nominees must be attending school or an approved school program within the current application period.
4. **All nomination forms must be signed and mailed to:**

Colleen Girard, Broomfield County Coordinator  
 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.

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 12/31/14:		Date of Birth:	

---

Nominator's Name:		Nominator's Phone:	
Address:	City:	Zip Code:	
Nominator's Relationship to Nominee:		Email:	

---

Additional Contact Person:		Phone:	
Address:	City:	Zip Code:	
Relationship to Nominee:		Email:	

**NOMINATION FORMS MUST BE RECEIVED NO LATER THAN DECEMBER 31, 2014.**



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

Please be as specific as you can 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.) Nominations with very brief or incomplete information may not be given as much consideration as thorough nominations.

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; care of sick or elderly sibling, parent, 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 turn his or her adversity to advantage?
  
3. In what ways has your nominee benefited himself/herself or other youth, their family, or their 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.

---

Signature of Nominator

Date

---

Signature of Nominee

Date

---

Signature of Parent/Guardian

Date

**NOMINATION FORM WILL NOT BE CONSIDERED WITHOUT ALL SIGNATURES.**



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)