



COLORADO

**Department of
Higher Education**

**25th Annual Celebration of Educational Excellence
Graduation Application and Release
Submit to CDHE by May 19, 2023**

Graduate Information:

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First Name

Middle Name

Last Name

Date of Birth

Age on June 9, 2023

I plan to attend the Celebration of Educational Excellence

*****Only graduates who attend the event receive a certificate and graduate gift*****

How would you like your name listed on your certificate?

List my name the same as printed above

List my name as:

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Name for Program and Certificate

Graduate Contact Information

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Street Address

City

State

Zip Code

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Email Address

Phone/Text #

Do you plan to attend the Resource and Employment Fair prior to the Celebration?

Yes No

Type of Graduate: *(Graduates must have graduated from an accredited secondary or postsecondary program)*

High School Diploma Associate Degree Career or Technical Certificate

GED Bachelor's Degree Master's Degree Doctoral Degree

Scholarships Received:

Helen M. McLoraine Scholarship (Denver Foundation) CU Boulder Guardian Scholars Scholarship

Boundless Opportunities Scholarship (Daniel's Fund) Forward Steps Guardian Scholars Scholarship

Other: _____

Did you receive an Educational and Training Voucher (ETV)? Yes No

Did you receive financial assistance from the Foster Youth Financial Assistance Program? Yes No

Do you **need information** regarding ETV or the Foster Youth Financial Assistance Program? Yes No

If you answered yes to the above question, are you okay if someone from CDHE reaches out to you? Yes No

Graduate Signature:

By signing this application, I:

- Give permission for my name to be printed in the 2023 Celebration of Educational Excellence program and for my name to be announced from as a 2023 graduate (unless otherwise indicated in writing).
- Give permission to be photographed during the event (unless otherwise indicated in writing).

Graduate Signature	
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Signature of Graduate

Legal Guardian Signature (if applicable):

By signing this application, I:

- Give permission for the graduate's name to be announced as a 2023 graduate (unless otherwise indicated in writing).
- Consent the submitted image may be used by the Colorado Department of Higher Education (CDHE) for the purposes of the 2023 Celebration of Educational Excellence event only.

Custodian/Guardian /Parent Signature		
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Printed Name

Signature

This Section to be Completed by Referral Partner:

Please return completed form to: *(County Chafee Program, Bridging the Gap, CASA Legacy Project, DYS)*

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Referral Liaison Name

Agency

Email

Phone

Graduate Eligibility Criteria: (Check all that apply)

<input type="checkbox"/> Graduate experienced foster care after turning 14 years old (foster care or a non-secure community placement through the Division of Youth Services count)
<input type="checkbox"/> Graduate was adopted from foster care or entered RGAP on or after age 16
<input type="checkbox"/> Graduate received or is receiving an Educational and Training Voucher
<input type="checkbox"/> Graduate was in foster care on or a non-secure community placement through the Division of Youth Services after their 18 th birthday

Can this young person be photographed (if they consented to photographs)? Yes No

I certify that the information contained in this application has been verified as true and accurate:

Referral Partner Signature		
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Printed Name

Signature

Dedication of Excellence Award Nomination (Optional)

Please describe any obstacles or barriers the young person has overcome while making their education a priority (this can include information about their character, lived experience, strengths, areas of growth that have helped the young person excel etc.)

Note to: County Chafee Program, Bridging the Gap, CASA Legacy Project, DYS, and/or Referral Partner. Email or mail this application(s) to fcnavigator@dhe.state.co.us or 1600 Broadway, Suite 2200, Denver, CO 80202, Attn: Foster Care Navigator

For more information visit <https://cdhe.colorado.gov/CEEX>.

