COLORADO
Department of Higher Education

1600 Broadway, Suite 2200
Denver, CO 80202

Jared Polis
Governor

Dr. Angie Paccione
Executive Director

24th Annual Celebration of Educational Excellence
Graduation Application and Release
Submit to CDHE by June 1, 2022

Note: Due to the ongoing COVID-19 public health crisis, this year's event will be offered both in-person and online. The youth, family, support systems and professionals who are registered for the virtual option will be sent a link to participate in the private event. The streamed event will only be available to those who are registered to ensure it is not available to the general public.

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

Referral Liaison Name:	Email	Phone

Graduate Information:

First Name	Middle Name	Last Name

Date of Birth	Age on June 9, 2022

Choose all that apply:

- ☐ I plan to attend the Celebration of Educational Excellence (in person)
- ☐ I plan to attend the Celebration of Educational Excellence (virtual)

*****Only those graduates who are attending the event in-person receive a certificate and graduate gift******

If you plan to attend the event, how would you like your name listed on your certificate?

- ☐ List my name the same as printed above
- ☐ List my name as:

Name for Program and Certificate

Graduate Contact Information *(to receive the invitation and announcements)*

Street Address	City	State	Zip Code

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

Are you planning to continue your education? ☐ Yes ☐ No

Graduate Signature:

By signing this application, I:

- Give permission for my name to be printed in the 2022 Celebration of Educational Excellence program and for my name to be announced from as a 2022 graduate (unless otherwise indicated in writing).
- Give permission to be photographed during the event (unless otherwise indicated in writing).

Graduate Signature	

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 2022 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 2022 Celebration of Educational Excellence event only.

Custodian/Guardian /Parent Signature		
	Printed Name	Signature

This Section to be Completed by Referral Partner:

Referral Partner Name			
Type or Print Clearly	First Name	Middle Name	Last Name

Agency	Email	Phone/Text #

Graduate Eligibility Criteria: *(Check all that apply)*

☐ Graduate experienced foster care after turning 14 years old (foster care or a non-secure community placement through the Division of Youth Services count)
☐ Graduate was adopted from foster care on or after age 16
☐ Graduate entered relative guardianship assistance on or after age 16
☐ Graduate left foster care after age 14 and is a participant in Bridging The Gap
☐ Graduate left foster care after age 14 and is a participant in CASA Legacy Project
☐ Graduate received or is receiving an Educational and Training Voucher

☐ Graduate was in foster care on or a non-secure community placement through the Division of Youth Services after their 18th birthday

Is the graduate legally restricted from using a computer or the internet? ☐ Yes ☐ No

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		
	Printed Name	Signature

Note to: County Chafee Program, Bridging the Gap, CASA Legacy Project, DYS, and/or Referral Partner. Email or mail this application(s) to twyla.esquibel@dhe.state.co.us or 1600 Broadway, Suite 2200, Denver, CO 80202, Attn: Twyla Esquibel
For more information visit https://cdhe.colorado.gov/CEEX.