



Nomination Form

Your Name: _____
Your Title: _____
Agency: _____
Phone Number: _____
Email: _____

Name of Nominee: _____

Title and Agency Name (if nominee is an individual): _____

Address: _____

Phone Number: _____

Fax: _____

Email: _____

Please give a brief description of why you feel this person/agency should receive the Triad Children's Champion Award.

Describe how this candidate has worked to:

- collaborate within the community (e.g., with parents, educators, county commissioners, health department, advocates, etc.)
- invest significant amounts of time and/or resources
- improve the quality, access, and availability of services for young children and their families in Clear Creek, Gilpin, and/or Jefferson Counties

Give some examples of how children have been impacted. Use an additional sheet of paper if necessary.

Submit by 3:00 pm March 9, 2024 to: tamla.woldemariam@rrcc.edu