### YOUTH CHALLENGER AWARD

# Nomination Form

# PURPOSE OF THE AWARD

# The purpose of this award is to honor and recognize a student in grades K-6 or 7-12 who risked taking an unusual (creative, different, innovative) step in a direction most people would not think consider. The selection committee may present one award per year, or may defer from presenting any award.

# RULES AND QUALIFICATIONS

# 1. This award may be presented to a student in grades K-12 connected with the advocacy of gifted children.

# 2. This award may be presented to a student in grades K-12 who display “follow-through” with an idea or commitment. This could take the form of an idea, a project or product, a program, a paper, or any other noticeable form.

3. This activity does not necessarily have to lead to a successful conclusion. The award is for taking the step, not necessarily reaching a successful conclusion.

# AWARD NOMINEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CITY, STATE, & ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information about the nominee for the awards committee:

1. Describe the innovative idea, product, or program. In no more than two pages, discuss the risk or challenge involved in attempting the innovation, summarize what resulted from the attempt, and explain why you feel this innovation deserves the Youth Challenger Award.
2. Two letters of reference from people most knowledgeable of the nominee’s contributions to AGATE, and the results of those contributions. Someone other than the person making the

 nomination must write these letters.

# I attest to the truth and validity of the attached statements substantiating this nomination.

# NAME: AGATE MEMBERSHIP#

# ADDRESS:

**CITY, STATE, ZIP:**

## DAY PHONE: EVENING PHONE:

**E-MAIL:**

*If an Affiliate is making this nomination, please complete the following:*

**AFFILIATE NAME:**

## PRESIDENT’S NAME:

# EMAIL TO: Beth Jones Applications are due electronically

 **AGATE Awards Chair no later than Dec. 9, 2019**

 **Subject: AGATE Youth Challenger Award**

**EMAIL Address**: beth.jones@esd-15.org