



**5<sup>th</sup> ANNUAL  
BGO NIGHT OF CHAMPIONS**

***“CHAMPION AWARD”***

**\$2,500 SCHOLARSHIP**

**NOMINATION FORM**

# BGO “*Champion*” Award

Bluegrass Orthopaedics is seeking nominations for the 5<sup>th</sup> Annual BGO Night of Champions – *Champion Award*. This award is unique as it honors both male and female student-athletes at the high school level from the central Kentucky area who have distinguished themselves by overcoming adversity or injury, and returned and excelled beyond expectations in their respective sport(s). This adversity or injury does not need to necessarily be athletically related. **Recipients of this award will receive a \$2,500.00 scholarship.**

Our Board of Directors is asking athletic directors, coaches, athletic trainers, and other school administration to nominate one male and one female student-athlete who satisfies the criteria set forth in this form. **The board will select one male and one female from the high schools in central Kentucky as the “BGO Champion Award” winners.**

## Nomination Criteria

1. Nominee must have overcome adversity or injury that affected their level of ability to participate in interscholastic sports.
2. Nominee must have returned to their sport(s) and demonstrated achievement beyond expectations.
3. Student-athlete must consistently demonstrate good sportsmanship and ethical behavior on and off the playing field.
4. Nominee must be in good academic standing. Student-athlete must be a member of the athletic team(s) during the 2020-21 academic year.
5. Nominee can be a freshman, sophomore, junior, or senior.
6. Nominee must be able to attend awards presentation dinner on Thursday April 29<sup>th</sup>, 2021 at the Marriott – Griffin Gate Hotel.

## Nominations Guidelines

1. Each high school may nominate **one male and one female student-athlete** that satisfy the criteria.
2. You may include two letters of recommendation.
3. All nominees must satisfy the criteria.
4. The scholarship recipients will be informed by **March 12<sup>th</sup>, 2021**.

### **Selection Process**

1. Nominations will be reviewed by the BGO Night of Champions Planning Committee.
2. The committee will then select a male and female winner.

### **Key Dates**

1. Nomination Deadline – February 26<sup>th</sup>, 2021
2. Award Winners Announced – March 12<sup>th</sup>, 2021
3. Award Presented at the BGO Night of Champions at the Marriott – Griffin Gate Hotel, Lexington, KY – Thursday April 29<sup>th</sup>, 2021

### **For further information contact:**

Andrew Carlson, MS, ATC

Telephone: 859-361-6965

Email: [andrew.carlson@bluegrassortho.com](mailto:andrew.carlson@bluegrassortho.com)

**NOMINATIONS MUST BE POSTMARKED OR EMAILED BY FEBRUARY 26<sup>th</sup>, 2021**

## NOMINATION INFORMATION

(Please type or print all information)

Name of Nominee: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominee Phone: \_\_\_\_\_

Nominee Email: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's Cell Phone Number: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Academic Classification in for 2020-21 (e.g. sophomore, junior, etc.): \_\_\_\_\_

Nominee's Grade Point Average:      4.0-3.6                      3.5-3.1                      3.0-2.5

Gender:                      Male                      ☐ Female

Shirt Size:      XS                      S                      M                      L                      XL                      XXL

**Honors and Achievements:**

## COMEBACK NARRATIVE

Please complete the following information, if further space is required, you may include additional pages.

**Name of Nominee:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

Describe the adversity or injury that impacted the nominee and how they overcame this issue(s), and returned and excelled beyond expectations in the respective sport(s) and daily life.

Describe how the nominee has demonstrated good sportsmanship and ethical behavior on and off the playing field. Also include community service and volunteer work.

***Note: Nominations may include two letters of recommendation. (See End of Form)***

# CERTIFICATION OF NOMINATION

I attest that the nomination criteria have been satisfied and the information is accurate.

Director of Athletics Signature: \_\_\_\_\_

Coach of Nominee's Principal Sport: \_\_\_\_\_

## Information on Person Making Nomination

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Promotional Information

Name of Institution's Sports Information Director: \_\_\_\_\_

Sports Information Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Nominee's Hometown Newspaper: \_\_\_\_\_

## **Send Nomination to:**

Bluegrass Orthopaedics

Attn: Andrew Carlson, MS, ATC

3480 Yorkshire Medical Park

Lexington, KY 40509

[andrew.carlson@bluegrassortho.com](mailto:andrew.carlson@bluegrassortho.com)

**Nominations Must Be Post-Marked or Emailed By February 26<sup>th</sup>, 2021**

## RECOMMENDATION #1 (OPTIONAL)

## RECOMMENDATION #2 (OPTIONAL)