

# 10<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 10<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 2025-26 academic year.
- 5. Nominee can be a freshman, sophomore, junior, or senior.
- 6. Nominee must be able to attend awards presentation dinner on **Sunday May** 17<sup>th</sup>, 2026 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 early **April 10<sup>th</sup>**, **2026**.

#### **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 March 20th, 2026
- 2. Award Winners Announced April 10th, 2026
- 3. Award Presented at the BGO Night of Champions at the Marriott Griffin Gate Hotel, Lexington, KY Sunday May 17th, 2026

#### For further information contact:

Andrew Carlson, MBA, MS, ATC

Telephone: 859-361-6965

Email: andrew.carlson@growthortho.com

NOMINATIONS MUST BE POSTMARKED OR EMAILED BY MARCH 20th, 2026

### **NOMINATION INFORMATION**

(Please type or print all information)

Name of No	ominee:					
Home Addr	ess:					_
						_
Nominee Pl						_
Nominee Er	mail:					-
Parent's/Gu	ıardian's Na	me:				
Parent's Ce	ell Phone Nu	mber:				
Parent's/Gu	ıardian's En	nail:				
Name of Ins	stitution:					
Sport(s):						
Academic C	Classification	n in for 2025	-26 (e.g. so	ophomore, jui	nior, 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	□ <b>M</b>	□ <b>L</b>	□ XL	□ XXL
Honors and	d Achieven	ents:				

#### **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, MBA, MS, ATC 3480 Yorkshire Medical Park Lexington, KY 40509

Nominations Must Be Post-Marked or Emailed By March 20th, 2026

andrew.carlson@growthortho.com

## **RECOMMENDATION #1 (OPTIONAL)**

### **RECOMMENDATION #2 (OPTIONAL)**