MPOWER AWARD NOMINATION FORM

If necessary, please download additional copies of this form at www.mentalhealthamerica.net/annualconference.

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Name: Pooja Mehta						
Organization: Duke University						
Address: 1712 Pace St Apt S						
City:Durham	State: NC	ZIP:27705				
Phone: 9194577520	Email:pooja.mehta@duke.edu					
Guardian's name and number (if und	er the age of 18):					
NOMINATING ORGAN	NIZATION OR INDIVIDUAL					
Organization: Duke University						
Address: Duke University West Campus E	30x 94501					
City:Durham	State:NC	ZIP:27708				
Phone: 6028815861	Email:brigitte.von.oppenfeld@duke.edu					
Connection to Youth Nominee: Friend						
	FOF NOMINEE AND GUARDIAN IS REQUIRED FOR CO	ONSIDERATION)				
I, (print name) Pooja Mehta award and authorize the use of my na	hereby consent to be nomin nme, brief bio and photograph in any publicity of the aw	ated to receive the mpower ard.				
Signature of Nominee: Possa	Ma-	Date: 03/30/2017				

IN ADDITION TO THIS FORM:

Signature of Nominee Guardian (if under 18):

- Attach a statement of no more than three pages to the application. This statement should include relevant biographical
 information about the nominee and describe how the nominee meets the award criteria along with any additional support
 material (e.g., essay, poem, song or newspaper article). Specifically, the statement should address which mental health
 issues the youth nominee has addressed, and whether and how they affect the nominee or someone in his or her life.
- Your entire submission must not exceed seven pages in length. Do not send videos, audiotapes or CDs. Electronic submissions only.
- Submit your application by March 31, 2017 using the information below.

SUBMIT MATERIALS:

QUESTIONS?

Online:

http://bit.ly/MHA2017Awards

Contact Erin Wallace at ewallace@mentalhealthamerica.net

Email:

ewallace@mentalhealthamerica.net Subject Line: Award Nomination

Please note: Emailed submissions must have

signature of consent

DEADLINE: MARCH 31, 2017



Date:

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