## **MPOWER AWARD NOMINATION FORM**

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

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Name: Jacqueline Monetta			
Organization: Student at Duke Address: 320 Goodhill Road			
City: Nenthela	State: CA	ZIP: 92	4904
Phone: 415-847-7989	State: CA  Email: jacquelinemonetta@gmail.com	m32	
Guardian's name and number (if under the age of 1			
-			
NOMINATING ORGANIZATION OR INDIVI	INIIAI		
NOMINALING GROANIZATION OR INDIVI	IDUAL		
Name: Kiki Goshay			
Goshay Productions I.I.C.			
Address: 81 Rock Road			
Address: 81 Rock Road  City: 415-342-6283	State: CA	ZIP: 92	4904
Phone: 415-342-6283			
Connection to Youth Nominee: Producer/Direction	Email: ector who worked with her to create the film N	ot Alone	
OONOTHE			
<b>CONSENT</b> (full consent of nominee and guardia	IN IS REQUIRED FOR CONSIDERATION.		
, (print name)Jacqueline Monetta	, hereby consent to be nominated to rece	aiva tha mnav	or award and
authorize the use of my name, brief bio and photogra	aph in any publicity of the award.	sive the inpove	er awaru anu
, , , , ,			
Signature of Nominee: <u>Jacquelin</u>	e Monetta	Date:	3/23/18
Signature of Nominee Guardian (if under 98):		Date:	

## IN ADDITION TO THIS FORM:

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.
- Submit your application by March 31, 2018 using the information below.

## **SUBMIT MATERIALS:**

**QUESTIONS?** 

Email:

ewallace@mentalhealthamerica.net

Subject Line: Submission: 2018 Awards Program Please note: Emailed submissions must have

signature of consent

Hard copy:

2018 Awards Program c/o Erin Wallace Mental Health America

500 Montgomery Street, Suite 820

Alexandria, VA 22314

**DEADLINE: MARCH 31, 2018** 

Contact Erin Wallace at ewallace@mentalhealthamerica.net

