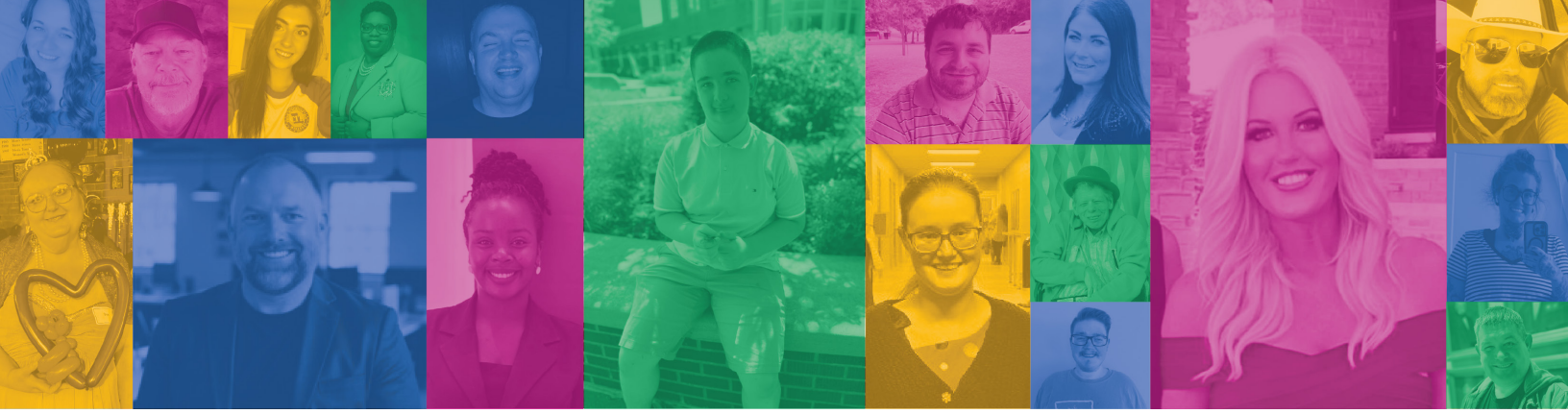


Nomination Form

Missouri Mental Health Foundation
Mental Health Champions' Banquet

Missouri Mental Health Champions are individuals who make positive contributions to their community, exemplify commitment and vision, and whose actions have increased the potential for independence in others with similar mental health conditions.

Each year an award recipient is selected from each of the three nomination categories: mental illness, developmental or intellectual disabilities, and substance use disorders. They are celebrated at the annual Mental Health Champions' Awards Banquet held in their honor on Tuesday, May 11, 2027 at the Wyndham Executive Center in Columbia, Missouri.

If you have any questions regarding the Mental Health Champions' Award, please contact the Missouri Mental Health Foundation at (573) 635-9201 or mmhf@missourimhf.org

CATEGORIES

Persons may be nominated in one of three categories:

1. An individual with a diagnosed mental illness
2. An individual with a developmental disability
3. An individual in recovery from a substance or gambling addiction

NOMINATION APPLICATION

- Nominees must agree to allow their stories to be told.
- Those who nominate eventual winners may be asked to appear in a video tribute for that individual, along with others who have witnessed or who may benefit from the winner's noted accomplishments.
- When completing the form, please type or print legibly. You can also submit the form digitally on our website: missourimhf.org/mhc-nomination

NOMINATION DEADLINE: NOVEMBER 13, 2026

NOMINEE INFORMATION

Nominee's Name_____

Organization (if any)_____

Category (CHOOSE ONE) ☐ Mental illness ☐ Developmental Disability ☐ Substance Use Disorder

Street Address_____

City_____ State_____ Zip_____

Email Address_____

Phone Number_____

NOMINATOR INFORMATION

Nominator's Name_____

Organization (if any)_____

Street Address_____

City_____ State_____ Zip_____

Email Address_____

Phone Number_____

NOMINATION VERIFICATION

- Please provide two references to verify the scope and extent of the nominee's activities.
- References should be familiar with the nominee's achievements, but not a family member or relative of the nominee.
- The nominator does not count as a reference.

REFERENCE #1

Reference's Name_____

Organization (if any)_____

Street Address_____

City_____ State_____ Zip_____

Email Address_____

Phone Number_____

REFERENCE #2

Reference's Name_____

Organization (if any)_____

Street Address_____

City_____ State_____ Zip_____

Email Address_____

Phone Number_____

1. Describe how the nominee exemplifies courage, commitment, and success in their community or their personal development. Include examples of circumstances and challenges the nominee has faced in their life, and how they have been able to address and/or overcome many of their challenges.

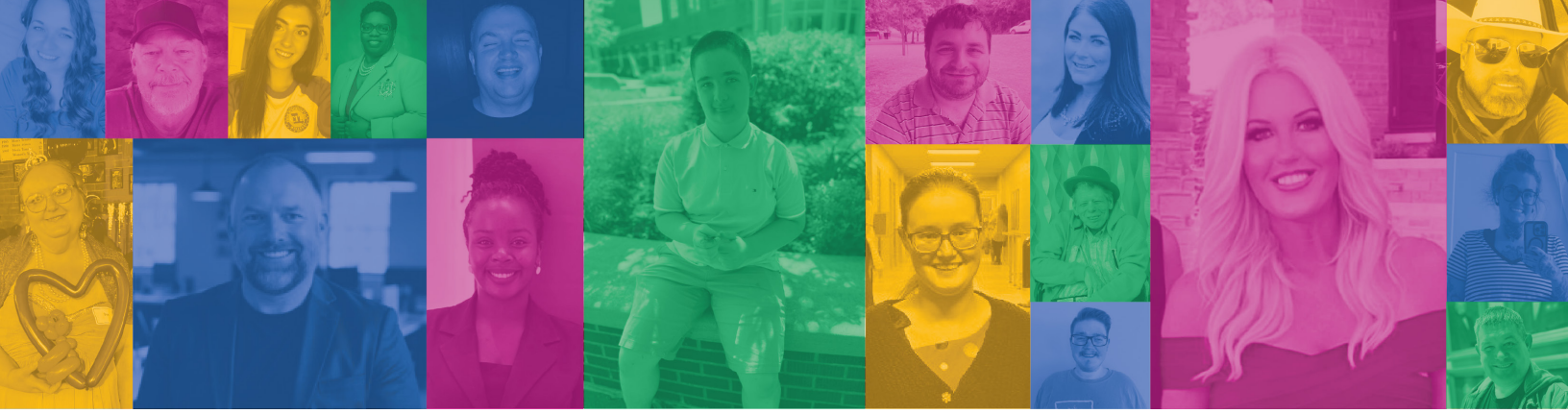
2. In what way does the nominee serve as an inspiration to others? Please provide specific examples of positive contributions to their community, state, and/or across the nation and how this nominee has helped to improve the lives of others or enhance access and inclusion for people with disabilities and/or mental health conditions.

3. Describe the nominee's ability to participate in planning, organizing, and/or developing ideas or projects, including working cooperatively with others. Pleavse provide specific examples of initiatives and actions that have helped increase the independence of individuals with similar intellectual and developmental disabilities or mental health conditions.

4. Describe how the nominee provides information about skills related to health, wellness, and/or recovery to individuals and their community. Describe how they demonstrate collaboration, teamwork, leadership, and/or advocacy.

5. What, do you believe, is the nominee's goal to enhance their own life and the lives of others with intellectual and developmental disabilities or a mental health condition? Describe the person's efforts; how they enhanced access and inclusion through advocacy, their involvement, and/or sharing their story. Note how their actions improved the lives of others.

6. Other comments/information regarding the nominee.



Missouri Mental Health Foundation

Mental Health Champions' Banquet

SUBMISSION INSTRUCTIONS

- All nominees must sign a release form granting the Missouri Mental Health Foundation unlimited permission to use, film and publish their likenesses, as well as information about them.
- Nomination forms become the property of the Missouri Mental Health Foundation and will not be returned.
- Please do not send videos, scrapbooks, or binders. They will not be considered and cannot be returned.
- Please include a picture (headshot preferred) – in JPG or PNG format – of each nominee. Their picture will be put in the keepsake program booklet that will be distributed at the event. This picture does not need to be a professional headshot.
- Print and fill out the nomination form and release form, then fax them to (573) 533-2005 or mail to:

Missouri Mental Health Foundation
223 East Capitol, Suite 100 (Lower Level)
Jefferson City, MO 65101

You can also submit the form digitally on our website:
missourimhf.org/mhc-nomination

NOMINATION DEADLINE: NOVEMBER 13, 2026