

Spirit of Hope Awards

Recognize those in our community who have overcome mental health or addiction challenges or made impactful contributions to these fields.

ST. JOSEPH'S SPIRIT OF HOPE AWARDS Nomination Package

Submission Deadline: **Friday, August 30, 2024 at 5:00 p.m.**



AWARD CATEGORIES:

One award will be presented for each of the categories:

- A. INDIVIDUAL**
- B. YOUTH OR YOUTH GROUP/ORGANIZATION (AGE 25 AND UNDER OR PROVIDES PROGRAMS/SERVICES FOR INDIVIDUALS 25 YEARS AND UNDER)**
- C. GROUP/ORGANIZATION**

NOMINATIONS SHOULD BE SENT TO:

St. Joseph's Healthcare Foundation
Attention: events@stjoesfoundation.ca
224 James St. South
Hamilton, ON L8P 3A9
P: 905-521-6036



The Award

This award is presented annually at "A Mental Health Morning" - a breakfast event hosted by St. Joseph's Healthcare Foundation. The Spirit of Hope Awards are also administered by St. Joseph's Healthcare Foundation and are designed to honour and celebrate the people and organizations that have overcome mental health or addiction challenges or made impactful contributions to the mental health and/or addiction fields.

Three Award Categories: Each year, one award will be presented for each of the categories:

- Individual
- Youth or Youth Group/Organization (Age 25 and under or provides programs/services for individuals who are 25 years and under)
- Group/Organization

Selection Criteria

The award recognizes individuals, groups, or organizations in the Hamilton, Niagara, Haldimand, and Brant communities who have made a significant contribution in one or more of the following areas:

1. Building awareness of mental health and addiction related services or concerns in our region
2. Reducing the stigma associated with mental health and substance use
3. Advancing knowledge in the area of mental health or addiction research
4. Advocating for positive change relating to mental health and addiction
5. Providing support or treatment to people with mental illnesses and/or addictions, their families, and/or caregivers

Selection Committee

The selection committee is comprised of medical practitioners, peer support representatives, those with lived experience and community representatives.

Nomination Guidelines

The following materials must be submitted to nominate a candidate for this award.

1. Nomination form (attached and available online at: www.stjoesfoundation.ca/spiritofhope)
2. A short summary that details how the candidate meets the selection criteria. Must include examples, relevant life experiences, and notable details. (Not to exceed 2 pages in length.)
3. Up to four supporting documents such as references, letters of support, testimonials, newspaper articles, editorials, etc. (Not to exceed 10 pages.)
4. Submission should not exceed 12 pages in total and must be in a PDF format emailed to events@stjoesfoundation.ca.
5. Submissions should provide a clear and succinct illustration of how the individual, group, or organization has met the award criteria.
6. Only complete applications will be accepted.
7. It is the responsibility of the nominator to ensure the nomination package was received.

Notes:

- Nominators must receive approval from nominees before submitting nomination form.
- Nominees should be prepared for their names to be made public.
- Nominees must be available for **A Mental Health Morning** to accept their award.
- The event is scheduled to take place on Thursday, October 10, 2024.
- The event will be hosted at Michelangelo Banquet Centre in Hamilton.
- Nominees should be aware this is an in-person awards presentation with attendance of 500+ guests.
- All nominations remain active and eligible for three consecutive years/selection processes.



- Nominators are welcome to strengthen the nomination package at any time during the three-year period.

PART 1 - NOMINEE INFORMATION

Please complete either:

- **A - for the Individual you are nominating or**
- **B - for the Youth you are nominating or**
- **C - for the Youth Group/Organization you are nominating or**
- **D - for the Group/Organization you are nominating**

A) NOMINEE IS AN INDIVIDUAL

Name of Nominee:	
Home Mailing Address:	
Daytime Phone No.:	
Evening Phone No.:	
Email:	
<i>Organization Name and Address (if applicable):</i>	

B) NOMINEE IS A YOUTH (25 YEARS AND UNDER)

Name of Nominee:	
Home Mailing Address:	
Daytime Phone No.:	
Evening Phone No.:	
Email:	
<i>Organization Name and Address (if applicable):</i>	



**C) NOMINEE IS A YOUTH GROUP/ORGANIZATION
(PROVIDES PROGRAMS/SERVICES FOR INDIVIDUALS AGE 25 AND UNDER)**

Youth Group/Organization Name of Nominee:	
Youth Group/Organization Mailing Address:	
Youth Group/Organization Website:	
Contact Person – Position/Title:	
Contact Person – Home Mailing Address:	
Contact Person – Phone No.:	
Contact Person - Email:	

D) NOMINEE IS A GROUP OR ORGANIZATION

Group/Organization Name of Nominee:	
Group/Organization Mailing Address:	
Group/Organization Website:	
Contact Person – Position/Title:	
Contact Person – Home Mailing Address:	
Contact Person – Phone No.:	
Contact Person - Email:	

PART 2 - NOMINATOR INFORMATION

Please complete either:

- E - You are an individual nominator or
- F - You are a Group/Organization nominator

E) NOMINATOR IS AN INDIVIDUAL

Name of Nominator :	
Daytime Phone:	
Evening Phone:	
Email:	
Name of Seconder:	
Daytime Phone:	
Evening Phone:	
Email:	

F) NOMINATOR IS A GROUP OR ORGANIZATION

Group/Organization Name of Nominator:	
Group/Organization Mailing Address:	
Website:	
Contact Person Name & Position/Title:	
Contact Person Phone No.:	
Contact Person Email:	

- The nominee has been informed of this submission
- The nominee is available to attend A Mental Health Morning on October 10, 2024.

Where did you learn about the call for nominations?

- Email
- SJHH Website
- SJHF Website
- Social Media
- CMHA Hamilton Website
- Newspaper
- Other _____

Thank you!

PRIVACY POLICY