



Youth Mental Health Award Nomination Form

Your Name *

First Name

Last Name

Your email *

example@example.com

Your Phone Number *

Please enter a valid phone number.

Name of student you are nominating *

First Name

Last Name

What are the student's preferred pronouns?

She/Her

He/Him

They/Them

What School District does the student attend? *

What Grade is the Student in? *

9th (Freshman)

10th (Sophomore)

11th (Junior)

12th (Senior)

Why are you nominating the student? *

Promoted mental health awareness in community or among peers

Created supportive environment for those struggling
Advocated for mental wellness
Helped destigmatize mental health concerns
Overcome their own mental health challenges, serving as an inspiration for others
Other

Please explain your answer in more detail. *

How did you become aware of the student's accomplishments? *

What is your relationship to the student you are nominating? *

Has the student you are nominating been informed about this nomination? If it is okay to contact the student directly, please provide their contact information below.



Please submit forms online or email to

contact@contactsyracuse.org

****** Nomination Form Due Date 10/10/2025 ******