

MHA Spartanburg 2025 Symposium
Celebrating 10 Years of Making a Difference: the Power of Mental Health Advocacy
Advocate of the Year Nomination

Background

The Advocate of the Year Award recognizes a mental health professional in our community who has made significant contributions to meeting mental health needs in the Upstate. This can be through leadership, direct service, or innovative solutions to the high demand for mental health services. The Advocate of the Year is a role model to the greater mental health professional community. The Community Advocate of the Year Award recognizes outstanding contributions, actions, or leadership that have resulted in improved access to mental health care services or to actions supporting mental wellness within our community. Prior recipients were recognized for establishing innovative clinical or community-based programs.



Eligibility

Nominees must reside or work in Spartanburg, Cherokee, or Union County. Once all nominations are submitted, a panel will review each COMPLETE nomination packet and make selections on the following criteria:

- **Advocate of the Year:** The nominee is a mental health professional who is a role model to other mental health professionals in our community, AND has exhibited advocacy for the mental health field through specific examples of their work.
- **Community Advocate of the Year:** The nominee is a community member whose leadership and service have contributed to improved access to mental health services or increased support for mental wellness in our community.

Deadline and Questions

Please mail, scan or email your completed packet by September 1, 2025 to:

MHA-Spartanburg,
ATTN: Susan Lea
PO Box 5991
Spartanburg, SC 29304

Email or scan to info@MHASpartanburg.com

QUESTIONS?? Contact Susan Lea Advisory Board Chair 864-529-1307 or SusanLeaTherapy@gmail.com

ADVOCATE OF THE YEAR 2025 NOMINATION FORM

Nominee Name (Ms./Mr./Mrs./Dr./Rev./Other): _____

Home Address:

Street City State Zip Code

Business Address:

City State Zip Code Street

Title: _____

Employer: _____

Daytime phone _____ Evening phone _____

Cell phone _____ Email _____

Nominator Information

Name: _____

Address:

Street City State Zip Code

Daytime Phone _____ Evening phone _____

Cell phone _____ Email _____

Statement of Nomination and Supporting Letter (two items are needed to complete the application)

Using the guidelines below, tell us in writing about your nominee and why they should be chosen for the Advocate of the Year Award. The statement should be 1000 words or less in 12 pt. font.

Briefly describe the nominee's background and why she/he is considered an advocate within the mental health community.

Briefly describe the nominee's specific work that exhibits their advocacy in the mental health area. Submit one letter of support (from another person) that references the person by name and explains support for the nomination.

APPLICATION DEADLINE IS September 1, 2025, AT 5:00 PM.

