

MENTAL HEALTH AMERICA OF SOUTHEAST FLORIDA



2025 EPIC  
NOMINATION FORM



Exceptional People Impacting the Community

*Nomination Deadline is Friday, February 21, 2025*

INFORMATION ABOUT YOUR NOMINEE:

Name: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (Apt./Suite) \_\_\_\_\_

(City) \_\_\_\_\_ (Zip) \_\_\_\_\_ (e-mail) \_\_\_\_\_

**Please check the category(s) that the nominee represents:** (EPIC committee determines final categories)

- |   |   |
|---|---|
| <input type="checkbox"/> Advocate                     | <input type="checkbox"/> Media/Celebrity        |
| <input type="checkbox"/> Community Service/Government | <input type="checkbox"/> Medical                |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Mental Health Consumer |
| <input type="checkbox"/> Philanthropist               | <input type="checkbox"/> Public Official        |
| <input type="checkbox"/> Other (please explain)       | <input type="checkbox"/> LGBTQ+                 |

**On a separate 8 1/2" x 11" page, please describe why you are nominating this individual for an EPIC Award. You must also include the name, telephone and fax number, address and role in the community of two (2) additional people supporting this nomination. Attach the information to the nomination form.**

Is the person being nominated aware of your nomination? \_\_\_\_\_

If chosen, could nominee attend the EPIC Awards on Wednesday May 21, 2025? \_\_\_\_\_

Nominator's Name: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (Apt./Suite) \_\_\_\_\_

(City) \_\_\_\_\_ (Zip) \_\_\_\_\_ (e-mail) \_\_\_\_\_



**Return your narrative and supportive contacts on or before Friday, February 21, 2025:  
MHA fax # 954-746-6373 or mail to 7145 W. Oakland Park Blvd. Lauderhill, FL 33313**