



ERIK COGSWELL MEMORIAL AWARD NOMINATION FORM

The award is presented annually by Seacoast Mental Health Center, Inc. to recognize an individual for their **outstanding contributions to help improve the lives of people living with bipolar disorder and other mental illnesses**. The recipient provides *Hope, Education, or Support* for those living with mental illness, as well as those who care for them and/or contribute to the community at large in New Hampshire. Nominations are made by completing and submitting this form.

Nominee Qualifications

- The nominee must demonstrate activities that support the provision of hope and promotion of recovery to improve the lives of people with bipolar disorder or other mental illnesses.
- The nominee must have made outstanding contributions to the New Hampshire community in one or more of the following areas: *Hope, Education, or Support*.
- The nomination can be made to recognize an individual's outstanding lifetime accomplishments and/or an individual's outstanding contributions to the community at large in New Hampshire.
- The nominee may be a consumer of mental health services, family/support system member, peer support provider, volunteer, and/or paid professional.
- The contributions of the nominee can be made through volunteerism, paid work, or both.
- The nominee must be a resident of New Hampshire, or if their contributions are made through their association or work on behalf of an organization that association or organization must be in New Hampshire.
- Those ineligible for the award: organizations, self-nominated individuals, current Seacoast Mental Health Center staff and/or board of directors, and prior award winners.

Please submit nominations by Friday, September 19, 2025, to Kelly Hartnett at khartnett@smhc-nh.org or mail the application to: 1145 Sagamore Ave, Portsmouth, NH 03801- Attention: Kelly Hartnett

Nominee Information (Please print or type.)

Name: _____
Organization (if applicable) _____
Title/ Position (if applicable): _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Daytime Phone: _____ **E-mail:** _____

Nominating Individual/Organization Information

Name: _____
Organization (if applicable): _____
Title/ Position (if applicable): _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Daytime Phone: _____ **E-mail:** _____
Is the nominee aware this nomination has been submitted? _____
Signature of Nominator (if mailed): _____ **Date:** _____

Identify specific examples that demonstrate the nominee’s contributions related to bipolar disorder or other mental illnesses in areas of Hope, Education, and/or Support.

Nominee Name: _____

1. Does this nomination recognize the individual’s lifetime accomplishments or outstanding contributions to the greater community?

2. What does the nominee consider as his/her community? (e.g. specific town(s), statewide, region, organization, school district, etc.)
3. How has the nominee increased the knowledge base and understanding of bipolar disorder and/or other mental illnesses?
4. How has the nominee provided hope and support to those living with bipolar disorder and/or other mental illnesses, those who care for them and/or contribute to the community at large?
5. What sets this nominee apart from other individuals in New Hampshire?
6. What leadership qualities does the nominee display?
7. How do you know the nominee?
8. Is there any additional information that would be useful for the committee to know about the nominee?