

The Maryland Foundation for Psychiatry  
1101 Saint Paul Street, Suite 305  
Baltimore, Maryland 21202-6405

***Nomination Form: Maryland Foundation for Psychiatry  
Outstanding Merit Award***

***Award Criteria:*** This award honors a meritorious endeavor by a person, project or organization within Maryland which accomplishes one or more of the following: increases public awareness and understanding of mental illness, enhances the quality of care for psychiatric illness, and reduces the stigma of mental illness.

**Nominated Person, Project or Organization:**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

**Contact Person for Project or Organization (if different than above):**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

(Over)

**Person submitting this Nomination:**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

**Please name one Maryland Psychiatric Society member who is familiar with the nominated Person, Project or Organization:**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

**Please submit this form PLUS an accompanying letter indicating how this person, project or organization fulfills the criteria of this award and deserves to be specially honored.**

**Deadline for submission of nominations: Monday March 1, 2010**