



2019 CASSIDY MEGAN AWARD NOMINATION FORM



For many years, the Epilepsy Association of Nova Scotia has been recognizing outstanding volunteers who have gone the extra mile in supporting epilepsy awareness in the region. The Cassidy Megan Award is presented annually at the Purple Day Gala in March to recognize outstanding commitment to raising epilepsy awareness. Individuals or organizations can nominate a worthy individual or individuals can nominate themselves for the award.

Please use the form below. When submitting the form, please also include supporting documents. **Completed application form must be received in the EANS office no later than 5:00 pm on January 31, 2019.**

NOMINEE INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

I am nominating the above individual for the Cassidy Megan Award.

I have discussed this nomination with the nominee and they are in agreement with this submission.

NOMINATION DETAILS

How has the nominee demonstrated outstanding volunteer work for epilepsy awareness in the region?

- Is responsible for promoting epilepsy awareness in his/her school, workplace or community.
Must be able to give three examples including promotion of Purple Day (e.g. education requests, promoting epilepsy awareness events such as the Purple Hike for Epilepsy); and a small write up of the outcomes (where, when and how many attended).
 - Must have given at least 30 hours promoting epilepsy awareness over the course of the year.
 - Provides a paragraph explaining why epilepsy awareness is important to the individual.
- BONUS:** Has attended epilepsy awareness / fundraising initiatives put in place by the Epilepsy Association of Nova Scotia. Must include a small write up and including any photos.

YOUR INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

CONTACT INFORMATION FOR OTHER INDIVIDUALS WHO SUPPORT THIS NOMINATION (REFERENCES):

Supporter

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

(NOTE: Additional supporters can be added by attachment of additional pages.)

When you have completed this form, please submit it by email with subject line: Award Nomination Form, along with all supporting documents to:

Epilepsy Association of Nova Scotia, 5880 Spring Garden Road Medical Arts Building, Suite 306,

Halifax, Nova Scotia B3H 1Y1 Tel: (902) 429-2633 Fax: (902) 425-0821 or Email: angmccarthy@hotmail.com

Individual who has been selected will be contacted by the Epilepsy Association of Nova Scotia.

Thank you for your nomination for the Cassidy Megan Award!



Epilepsy Association of Nova Scotia