



THE GORDON FOUNDATION
for CHILDREN and YOUTH
NOVA SCOTIA

The Doctor Gerald Gordon Memorial Award Application Form

Dr. Gerald Gordon was a psychologist and the Executive Director of the Atlantic Child Guidance Centre for more than 20 years, and a strong advocate of child and adolescent mental health services. He was also a keen participant in the theatre.

Following his sudden death in March, 1994, the Board of the Atlantic Child Guidance Centre, under the auspices of the Atlantic Child Guidance Foundation, now the Gordon Foundation for Children and Youth, created "The Dr. Gerald Gordon Memorial Award".

The aim of the Award is to reward, recognize or facilitate individuals or groups who are furthering one of the objectives of the Foundation, paraphrased as:

To undertake activities having as their goal, the mental health of children, young people and families, by carrying out special projects, programs, educational activities, conferences, classes or seminars on mental health related subjects.

Examples of the award could be:

- Cash or gift award as recognition for a significant individual contribution or achievement
- Funding support for a theatrical or other relevant arts activity
- Funding support for youth training or recreational programming
- Recognition of leadership in youth work or the arts.
- Funding support for the development of programs for children at risk

Eligibility: The award is open to individuals, schools and organizations working with youth.

Amount: The amount of the award is determined annually by the Board of the Foundation, or its delegates. One of the awards will be for \$1,000 and other projects will be considered on their merit with additional awards possible.

Application deadline: The application form should be received by the Foundation January 31st. Review of applications will be carried out in February.

Notification of Award: Award recipients will be notified in March. Award recipients will be invited to the Foundation Annual General Meeting



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1. **Nominee**

First Name *(contact person)* _____ Last Name _____

Name of Organization _____

Name of Project _____

Address *(address of nominee or contact person for organizations)* _____

Telephone Number _____

Email Address _____

2. **Reason for receiving the award** *(please describe the project, or the achievement, including the goals and target group. Include additional material, as needed)* **MAXIMUM 350 WORDS**

3. **Applicant** *(if different from #1)*

First Name _____ Last Name _____

Address _____

Telephone Number _____

Email Address _____

4. **Nominator**

First Name _____ Last Name _____

Name of Organization *(if applicable)* _____

Address *(address of nominee or contact person for organizations)* _____

Telephone Number _____

Email Address _____

5. **Submit Application**

This completed PDF application should be emailed to info@gfns.ca before January 31st.