**Return no later than May 30, 2021**

*The Oklahoma Academy*

*P.O. Box 968 • Norman OK 73070*

*Email: april@okacademy.org*

**Town Hall Nomination Application**

**for Invitation Consideration**

**Addressing Mental Health ~ Improving Mental Wellness**

**November 7th – 10th, 2021**

**(Sunday evening through Wednesday noon)**

River Spirit Hotel, Conference Center & Casino, Tulsa

**In order for nominations to be considered ALL sections must be completed. Please print or type. Please note that if selected to participate, this is a commitment of Sunday evening through Wednesday noon.**

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

 Business/Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Zip: \_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) Fax: ( ) Academy Member: YES \_\_\_\_ NO \_\_\_\_

**Nominated By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Please print. If this is a self-nomination, simply put “self.”*

**In the space below, please type or print WHY you should be considered as a Town Hall participant for this topic.**

*I would be an excellent participant because*:

**Biographical Information**

*We ask you to complete the following information so that we can represent all culture, races, ages and industry in Oklahoma in the Town Hall participant population. We have taken the ethnicity section directly from the US Census Bureau information in terms of how all cultures and races are identified.*

**What is your Age Range:**

21 --- 24 25 --- 34 35 --- 44 45 --- 54 55 --- 59 60 --- 64 65+

**What is your Gender:**

\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_ Non-binary/third gender \_\_\_\_ Prefer not to say

**(1)**

**What is your Industry:**

\_\_\_\_\_ Nonprofit \_\_\_\_\_ Private Sector \_\_\_\_\_ Government Sector \_\_\_\_\_ Education Sector \_\_\_\_\_ Lobbyist

**What is your Ethnicity:**

Are you Spanish/Hispanic/Latino? \_\_\_ No \_\_\_ Yes, Mexican, Mexican Am., Chicano \_\_\_ Yes, Puerto Rican \_\_\_ Yes, Cuban

\_\_\_ Yes, other Spanish/Hispanic/Latino: Please print group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your race?

\_\_\_ White \_\_\_ Black, African American \_\_\_ American Indian or Alaska Native: Please print tribe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Asian Indian \_\_\_ Japanese \_\_\_\_ Native Hawaiian \_\_\_ Chinese \_\_\_ Korean \_\_\_ Guamanian or Chamorro

\_\_\_ Filipino \_\_\_ Vietnamese \_\_\_ Samoan \_\_\_ Other Asian: Please print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Other Pacific Islander: Please print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Other race, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Should you have any questions, please call the Academy office at 405-307-0986. Thank you.**

**(2)**