



## Young Advocate Award

\$500 Award – Up to two Recipients

### Award Details:

The 4-6-3 Foundation works to connect youth and their parents, coaches and mentors with mental health awareness and suicide prevention resources through engagement at youth sporting events, schools and youth organizations. Our mission is to help youth and families understand that there are not always symptoms or red flags leading to a suicide, that suicide is not reliably predictable, and to highlight the importance of access to resources, having difficult conversations and providing education around mental health. Through these conversations we want to help erase the stigma around mental health challenges and suicide and to build hope for our kids and families.

The Young Advocate Award recognizes the importance of conversations regarding mental health in helping to reduce the stigma around mental health. Hearing the stories of others can help to build hope. Applicants are asked to write an inspiring speech about the impact of mental health on their life. Requirements include a written speech with an underlying theme of hope and delivering the speech in person at the Liam G Medd Memorial Baseball Tournament during Opening Ceremonies.

### Application Requirements:

- Must be a High School Junior or Senior (Class of 2025 or Class of 2026) in the state of North Dakota
- Response to include attached form along with 500-750 words in the form of a speech
- Color Headshot suitable for posting
- Applicant(s) must be available to deliver speech in person at the Liam G Medd Memorial Baseball Tournament Opening Ceremonies
  - o 2025 Date: Friday, June 6, 2025
    - Starion Field, 2401 42<sup>nd</sup> St. SW Fargo, ND 58104
    - Arrive approximately 5pm, time to be finalized closer to tournament
- Applicants will need a parent letter confirming availability to give speech in person.

Submit application to: [emedd@463foundation.org](mailto:emedd@463foundation.org)

**Application Opens: March 15, 2025**

**Closing Date: April 15, 2025 11:59pm**



## Young Advocate Award

### Application information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street address Apt./Unit #*

\_\_\_\_\_ Email: \_\_\_\_\_  
*City State Zip Code*

Current Grade: \_\_\_\_\_ High School: \_\_\_\_\_

City/State: \_\_\_\_\_

### Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

I certify that by signing I am agreeing to terms and conditions of award and that my name and image may be used in tournament related marketing and signage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_