



*The Rick Gaskill*

# Luminary Award

*Nominees must meet two (2) criteria in each area*

## **Advocacy**

- Actively promote and engage in activities that raise awareness about play therapy
- Demonstrate compassion and dedication to helping meet the needs of children
- Provide a lasting contribution to the play therapy field.

## **Scholarship**

- Support the establishment of APT approved programs and/or APT approved providers
- Provide education to the public/professionals about play therapy (CEUs, webinars, lectures, etc)
- Conduct/publish research, or publish research-supported writings that support the validity of play therapy as a profession

## **Mentorship**

- Educate others in the use of play therapy concepts and techniques
- Supervise mental health professionals so they can achieve APT credentials
- Mentor mental health professionals in the techniques and theories of play therapy

**To fill out the nomination form online visit:**

**<https://tinyurl.com/ksaptrgla>**

# The Rick Gaskill Luminary Award Nomination Form\*



**Nomination form must be filled out completely and legibly.**

The KSAPT Board may request additional information from nominees, nominators or agencies. The KSAPT Board accepts nominations, presents findings and makes the final selection. Nomination form and attachments become the property of KSAPT and may be used during the presentation ceremony.

**\*nominee must be a KSAPT member\***

## Part 1

please type or print

### Nominee's Information:

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

*All candidates will be notified of their nominations and invited to attend the KSAPT Annual Conference where the award will be presented.*

### Nominator Information

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

Relationship to Nominee: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Do you want to present the award to the nominee at the conference? (circle one)    YES    NO

## Part 2

On a separate sheet, please answer the following questions about the nominee. **You may use up to two typed, double-spaced pages, front side only, to answer the questions and add any comments.**

1. In what ways has the nominee made an impact in play therapy on behalf of Kansas children, adolescents, and families? (Reference criteria list for eligibility.)
2. Why is this nominee deserving of special recognition?
3. Include Attachments
  - a. **Two letters of support** of one page each from two different people *and*
  - b. **Four (maximum) additional attachments** to support the nomination (i.e. pictures, newspaper articles, classes taught, board positions, etc.)

### Helpful Tips:

**Contact [nominations@ksapt.org](mailto:nominations@ksapt.org) with any questions.**

Be specific and concise in giving examples.

Include anecdotes, personal stories, etc. that exemplify/demonstrate the impact of the work of the nominee.

**Please keep the identity of people served confidential.**