




Faces of Wellness

2025 Application package



Ufuoma Muwhe,
2023 Faces of Wellness
grand prize recipient



Steven Prudhomme,
2021 Faces of Wellness
grand prize recipient

[Read about our recipient's stories here.](#)

Program and eligibility

PURPOSE


Alberta Blue Cross® is celebrating Albertans who are living their best life. We're looking to recognize Albertans who are everyday champions for wellness in their communities. Whether that's making positive lifestyle changes toward becoming healthier, promoting a health-related cause, making the most of life while living with a chronic condition, standing up for mental health, or being a role model for others, Alberta Blue Cross wants to recognize individuals who are taking steps toward living healthier lives.

WHO IS ELIGIBLE?

The Faces of Wellness awards are open to legal residents of Alberta who are at least 18 years of age at the time of entry and submit, or someone else submits on their behalf, a story about their personal wellness journey.

WHO IS INELIGIBLE?

Employees of Alberta Blue Cross and their respective advertising, promotional or travel agencies or individuals involved with the design, production, execution or distribution of the Faces of Wellness award and the immediate family and household members of such individuals, are not eligible to enter or win. "Immediate family members" shall mean parents, step-parents, children, stepchildren, siblings, step siblings or spouses, regardless of where they live. "Household members" shall mean people who share the same residence at least 3 months a year, whether related or not. Infrastructure projects that are not open to the public.



Zachary Weeks,
2024 Faces of Wellness
grand prize recipient

➤ [Read about our recipient's stories here.](#)

Application details

WHAT TO INCLUDE IN YOUR APPLICATION

Before you submit please ensure your application is complete with the items listed below.

- Include a true, original story outlining the following:
 - Examples of how the entrant lives a life of wellness and regularly encourages others to do the same.
 - Examples of the impact the entrant has had on their community or circle.
- Don't forget to include uplifting or aspirational photos or a video of the entrant that evokes inspiration and embodies moments that demonstrate living their best life.

Entries may also be nominations of another deserving individual with the written permission of that individual. If you are nominating another individual, please provide

- Their contact information, including phone and email address.
- Their full name.
- Their written permission that their information can be submitted.

APPLICATION DEADLINE

The final day to submit your application is **October 2, 2025.**

SUBMITTING YOUR APPLICATION

Please email this completed PDF to facesofwellness@ab.bluecross.ca and include any relevant photos or videos.

WHEN WILL THE FACES OF WELLNESS PROGRAM AWARD RECIPIENTS BE NOTIFIED?

Faces of Wellness award recipients for 2025 will be notified by **December 2025**. Recipients will also be recognized on the Alberta Blue Cross website and social media accounts.

2025 Faces of Wellness application form

Self nomination

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APPLICANT

Full name			
Phone number / Ext.		Email	
City		Province	Postal code

APPLICATION DETAILS

1. What does wellness mean to you and how do you integrate it into your life in ways that go beyond your personal benefit?

Wellness can include physical, mental or social wellbeing. Share how you define it. Also, how your daily choices, routines or advocacy extend that definition to support others, challenge stigma or create healthier environments.

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2. How do you support wellness in your community and/or workplace in lasting, meaningful ways?

Tell us about specific actions you’ve taken, such as volunteer work, mentorship, advocacy, or creative initiatives that promote wellness. What role did you play and what kind of impact did it have?

Did your approach help build sustainable habits, spaces or systems that support long-term wellbeing for yourself, your workplace or your community?

3. What are the kind of challenges you have faced and how did you find the courage to overcome them?

Wellness isn't always a smooth path. Share your story of perseverance that show how you found strength in the face of adversity. Sharing your experience might help someone see themselves in your journey and feel less alone.

DECLARATION OF APPLICANT

- ☐ I confirm the information provided is truthful to the best of my knowledge. I understand that Alberta Blue Cross® may contact me about my application.
- ☐ I would like to be emailed about any future grant opportunitites from Alberta Blue Cross®.

Name of applicant	
Signature of applicant	Date (YYYY-MM-DD)

2025 Faces of Wellness application form

Nominating another person

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NOMINEE DETAILS

Full name	
Phone number / Ext.	Email
City	Province

PLEASE PROVIDE YOUR CONTACT INFORMATION

Full name	
Phone number / Ext.	Email

APPLICATION DETAILS

1. What is your relationship to the nominee?

Tell us how you know the nominee and in what context you've seen their impact or approach to wellness—whether that's physical, mental, social or other.

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2. Does the nominee know they are being nominated for Faces of Wellness? ☐ Yes ☐ No

Let us know if this nomination is a surprise or something you've discussed with them.

3. Why do you consider this person a Face of Wellness?

Wellness can take many forms, from leading initiatives and mentoring others to removing barriers or creating safe, inclusive spaces. Share specific examples of how the nominee supports physical, mental or social wellbeing in the lives of others and how their actions go beyond personal wellness.

4. What about their story, journey, or approach to wellness inspires you personally and supports long-term wellbeing for others?

Tell us about a moment, experience or quality that stands out—something that shows their compassion, leadership or long-term commitment to wellness. Share how their actions lead to lasting impact, whether through building habits, supporting community resilience or creating systems or resources that benefit others over time.

DECLARATION OF NOMINATION

- ☐ I confirm the information provided is truthful to the best of my knowledge. I understand that Alberta Blue Cross® may contact me about my application.
- ☐ I would like to be emailed about any future grant opportunities from Alberta Blue Cross®.

Name of applicant	
Signature of applicant	Date (YYYY-MM-DD)

