



SAMARITAN HOUSE

2025 Dr. Cora Clemons Emerging Young Samaritan Award Application

* 1. Choose One:

- Application for self
- Nomination by community member



SAMARITAN HOUSE

2025 Dr. Cora Clemons Emerging Young Samaritan Award Application

2. Nominator's full name

3. Nominator's contact email address

4. Nominator's contact phone number

5. Relationship to the nominee

* 6. Name of applicant/nominee:

* 7. Applicant/nominee's date of birth:

* 8. Applicant/nominee's contact email:

9. Applicant/nominee's contact address:

10. Applicant/nominee's contact phone number:

If you are nominating someone else for this award, please provide their contact information so that we can follow-up with any additional questions.

11. Applicant/nominee's school or place of work:

12. What need did the applicant/nominee identify and what action did the individual take to address it?

13. What impact did the applicant/nominee's actions have on the community?

14. What obstacles and challenges did the applicant/nominee encounter?

15. How did the applicant/nominee overcome these obstacles and challenges?

16. Please add anything else that you think would enhance this application.