**The Greater Roslindale Medical and Dental Center**

**28th Annual Hermena F. Clark Service Award**

**HERMENA F. CLARK (1914-1998)** was a long-time member of the Board of the Greater Roslindale Health Organization, Inc. and she was a well-known and respected member of our community. As a caregiver to over 60 foster children, Mrs. Clark’s thoughtful touch reached across generations. Remaining active despite physical challenges, Mrs. Clark was an inspiration and a strong advocate for the under served in our community.

The Hermena F. Clark Service Award recognizes an individual who has given back unselfishly to the health needs of the Hyde Park, Roslindale and/or West Roxbury communities. For additional information, please contact the Executive Director at 617-363-1200. All completed nomination forms must either be e-mailed to [arielle.albert@bmc.org](mailto:arielle.albert@bmc.org), mailed to Award Committee, GRMDC, 4199 Washington St., Suite 1, Roslindale, MA, 02131, or faxed to 617-323-7870 by **Friday, June 14th, 2024.** The award will be bestowed in October 2024.

**PROFILE OF NOMINEE**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCCUPATION/TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe how you know this person and his/her contributions to the health center or how this individual demonstrates service and commitment to the health and welfare of the community. Feel free to write as much information about the nominee and his/her accomplishments in our community. Attach additional pages if needed.

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NOMINATED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR TELEPHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_