

The Brian Collins Impact Award Nomination Form 2025

Nominee Address:			
		Nominee Telephone #:	Nominee Email:
		Submitted by:	
Your Telephone #:	Your Email:		
 Eligibility: Eligible nominees include NH residents or w Self-nominations and current Community Pa All nominations must be received by Septem 	<u> </u>		
1) Reflecting on the attached Brian Collins Impa nominee's characteristics, qualities and achieven and creativity? How have they positively impact illness and/or aging individuals and families?			

2) Anything else you'd like to tell us about yo	ur nominee?
	ui nominee.
, , , , , , , , , , , , , , , , , , , ,	ur nominee.
, , , , , , , , , , , , , , , , , , , ,	ur nominee.
, J. B. L. J. L.	ur nommee.
	ur nommee.
	ur nominee.
	ur nommee.
	ur nommee.
	ur nominee.

Please use only this nomination form and limit your responses to two pages.

Email completed form by September 2, 2025 to: TheBrianCollinsImpactAward@communitypartnersnh.org