



Alliance of the American Dental Association

Conference 2010 – April 16-18, 2010

First Time Attendee Grant Application

The AADA Conference 2010 ***First Time Attendee Grant Program***, generously sponsored by the American Dental Association, is awarded to first time conference attendees. This grant was established to encourage Alliance members to attend Conference so that the recipient may learn skills and gain insight into the Alliance of the American Dental Association, preparing them for further involvement in dental health education, legislative activities, and leadership positions. Grants are available for members of the Alliance of the American Dental Association (AADA), including student spouse Alliance members.

The grant includes complimentary registration and non-transferable tickets to several activities, and reimburses recipients up to six hundred dollars (\$600) for travel and lodging. **Recipients are required to attend all official conference activities and to submit a conference report.** Grant recipients are selected by a committee comprised of the AADA Trustees and the AADA Vice President. Grants are awarded to applicants based on first-time status, potential contributions to AADA based on the information provided on the application, and, if necessary, on a first-come, first-served basis. **Please review the First Time Attendee Grant Guidelines for details.** You may direct questions to Trish at the AADA Central Office – (800) 621-8099 EXT 2865.

Grant applications must be postmarked or received via fax or e-mail by January 15, 2010.

Applicant information:

Name _____ AADA Member Since _____

Spouse's Name _____ ASDA Member Since _____

Home Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Fax _____

E-MAIL _____

Please attach the following to this application:

1. Personal statement. In no more than one typed page, tell us why you want to attend this conference, what you hope to benefit from attending and how it will support the Alliance, and why you feel you should be selected. Please include any factors you consider relevant to the Committee's decision; i.e., you are a new board, council or committee member or have committed to serving on a board, council or committee at the local, state, and/or national level during the next year; you have been responsible for a retention and/or recruitment program; you have managed or participated in a Senior Smiles project; or you are a MAL who has not had an opportunity to serve in any board position, but have or plan to actively participate in the areas of legislative advocacy or Dental Health Education, etc. You may also include information about your occupation/profession, community volunteer experience, interest, hobbies, etc.
2. A summary of your Alliance volunteer experience at the local, state, and/or national level, including positions you have held.
3. List any financial assistance you may receive from your local or state alliance.

Mail, Fax, or E-mail this form to:

Alliance of the ADA
211 East Chicago Avenue, Suite 730
Chicago, IL 60611

Fax: (312) 440-2587
manager@AllianceADA.org