

Dental Health Education Awards Application

NOTE: PLEASE COMPLETE THE ENTIRE FORM. *Application deadline is April 23, 2012.*

You may enter a project in more than one category but,
for each entry, you must submit a separate application and materials. You may duplicate this application.

NAME OF APPLICANT

(AADA member or chair who did the project or event)

Name _____ Fax _____
Alliance position (if any) _____ Signature _____
Home Address _____ Date _____
City, State, Zip _____ Constituent (state) _____
Phone _____ Component (local) _____
Cell _____
E-mail _____ Has this project/event been submitted for this award
before? *Please check one:* Yes No

CHECK AWARD CATEGORY

- | | |
|--|--|
| <input type="checkbox"/> Best use of American Dental Association dental health education materials | <input type="checkbox"/> Most effective seniors' dental care program (Examples: Senior Smiles, Oral Longevity) |
| <input type="checkbox"/> Best cooperative program with a dental association/society or a charitable/civic/community group | <input type="checkbox"/> Most innovative program (Examples: Flossing programs, mouth guard programs, tobacco prevention, Meth Mouth) |
| <input type="checkbox"/> Most effective children's dental care program (examples: Give Kids a Smile, National Children's Dental Health Month activities) | <input type="checkbox"/> Participation in the distribution of oral health kits (<i>All participants are recognized</i>) |
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PROJECT INFORMATION

Project Title _____
Purpose _____
Target Audience _____
Number of Volunteers _____ Number of Volunteer Hours _____ Cost _____ Number of People Reached _____

PROJECT DESCRIPTION

Please attach and send **no more than 2 pages** of a Project Description.
Materials and photographs will not be returned.

RETURN THIS FORM BY: April 23, 2012

SEND TO: Alliance of the ADA • 211 East Chicago Avenue, Suite 730 • Chicago, IL 60611 **OR** trish@allianceada.org

QUESTIONS? You may call Trish at the AADA Central Office: 800.621.8099 EXT 2865 or 312.440.2587.