

Student Spouse 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 AADA Student Spouse APPLICANT

Name _____ Fax _____
Alliance position (if any) _____ Dental School Name _____
Home Address _____
City, State, Zip _____ Signature _____
Phone _____ Date _____
Cell _____
E-mail _____

Has this project/event been submitted for this award before? *Please check one:* Yes No

CHECK AWARD CATEGORY

- Best activity involving dental health education
 Best activity involving legislative advocacy
 Best activity involving membership
 Best activity involving communications (newsletters, publicity, etc)

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 contact Trish at the AADA Central Office at 800.621.8099 EXT 2865 or 312.440.2587.