

Well Being 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 _____

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

E-mail _____

CHECK AWARD CATEGORY

Most innovative project to increase Well Being in Alliance members and/or their dental families

Most effective Well Being Project to increase awareness and participation

Most inspiring personal story of an Alliance member's increase in Well Being over the past year

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 at 800.621.8099 EXT 2865 or 312.440.2587.