



The New York State Dental Foundation Give Kids a Smile Award

Principal Nomination Form

- 1. Please complete the following information regarding your nominated program:**

NAME: _____

CONTACT: _____

MAILING ADDRESS:

TELEPHONE: _____

FAX: _____

WEBSITE: _____

EMAIL of CONTACT PERSON: _____

2. Please complete the following information about you, the nominator:

NAME: _____

TITLE: _____

MAILING ADDRESS:

TELEPHONE: _____

FAX: _____

EMAIL: _____

- 3. Please complete a written nomination statement: On a separate sheet, write a detailed description of why this nominee should receive the NYSDF/Give Kids a Smile Award.**
- 4. Please include at least one letter of support from another individual or organization.**
- 5. Submit your completed nomination package by 1 June 2007 to the attention of: Laura Leon, director, NYS Dental Foundation, 121 State Street, Albany, NY 12207, or fax to (518)465-3219.**

NOTE: Incomplete nomination packages will be returned.

Questions: (800)255-2100.