



The New York State Dental Foundation Give Kids a Smile Award - 2011

Principal Nomination Form

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

NAME: _____

CONTACT: _____

MAILING ADDRESS:

TELEPHONE: _____

FAX: _____

WEBSITE: _____

EMAIL of CONTACT PERSON:

(Continued)

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

NAME: _____

CONTACT: _____

MAILING ADDRESS:

TELEPHONE: _____

FAX: _____

WEBSITE: _____

EMAIL of CONTACT PERSON:

- 3. Written nomination statement: on a separate sheet, write a detailed description of why this nominee should receive the NYSDF/Give Kids a Smile Award. Must state reasons why this program is worthy of award and MUST include details about how many children will be affected, how you plan to sustain this program in the future, and how exactly the GKAS Award would be used.**
- 4. Include at least one letter of support from another individual or organization. Incomplete packages will be returned.**
- 5. Submit the completed nomination packet by 12 January 2011 to: Laura Leon, director, NYS Dental Foundation, 20 Corporate Woods Boulevard, Suite 602, Albany, NY 12211, or fax to (518)465-3219. Questions? Call (800)255-2100.**