



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:

(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.**
- 4. Include at least one letter of support from another individual or organization. If the nominator is NOT a NYSDA member, the package must include a letter of support from a NYSDA member. Incomplete packages will be returned.**
- 5. Submit the completed nomination packet by 1 April 2008 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.**