

Community Outreach Project Award

Nominated by: **Name:**
Address:

Component:
Membership #:

Phone #:

Nomination for: **Name:**
Address

Component:
Membership #:

Phone #:

Applications must be postmarked no later than August 15th for projects completed the year prior to application. **Only members of IDHA are eligible to apply for and receive the awards** \$100 awards will be made. Judging will be conducted by the IDHA Executive Board. Entries will be judged on the following criteria: (If more space is needed, continue answers on additional page(s).)

- Ability of the project to improve oral health
- Innovation and creativity
- Numbers and types of population served
- Total volunteer hours
- Media coverage
- Promotion of the dental hygiene profession
- Neatness of the application

Summarize your Community Outreach activity:

Was a specific group (s) targeted? (Yes or No) If yes, provide more details (e.g. children: ages 6-12)

Explain how much time was spent planning the activity and how many people hours were donated for the implementation of the project.

Were you successful in attracting media coverage? (Yes or No) If yes, describe the media attention and how the media was contacted.

Describe the overall contribution made to improve oral health and explain how this program highlights the role of dental hygienists as licensed prevention specialists.