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**2018 AAWD Student Chapter of the Year Award Nomination Form**

**I would like to nominate the following student chapter for the 2018 Student Chapter of the Year Award. I understand that the chapter nominated must be in good standing with AAWD.**

**Please fill out all information completely and legibly. Please print or type and attach separate pages, if necessary. Nominations are due by May 1, 2018.**

Name of School:

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AAWD Student Chapter Executive Council Members:

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| Title | Name | Class year |
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1. Why is this chapter being nominated?

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2. Explain how your chapter supports the AAWD mission. Please give examples and attach photos where applicable.

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3. Explain how your chapter participates in oral health research targeting women issues. Please give examples and attach photos where applicable.

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4. Please give details of your chapter’s Community Service. Give dates of events and activities performed, attach photographs where applicable.

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5. Please describe any fundraising campaigns your chapter conducted this year. Please attach photos where applicable.

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6. Please provide a list of all chapter activities/events over the past year. Please attach photos where applicable. (Attach separate sheet and/or documentation, if necessary.)

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| Event date | Event Title | Description |
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CONTACT INFO

Name of advisor recommending the award:

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Advisor’s Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:

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Telephone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please complete and return forms no later than* ***May 1, 2018*** *by emailing to* [*awards@aawd.org*](mailto:awards@aawd.org)*; faxing to 850-484-8762; or mailing to AAWD National Office, 7794 Grow Dr., Pensacola, FL 32514-7072.*