

2009 ADEA Award and Fellowship

Application Form for Allied Dental and Dental Educators and Dental Schools

See the online announcements for eligibility requirements and application procedures. Applications that are either incomplete or received after the due date will be returned.

Please check the appropriate box for the award or fellowship for which you are applying.

- ADEA/ADEA Council of Students/Colgate-Palmolive Junior Faculty Award
- ADEA/Colgate-Palmolive Company Allied Dental Educators Fellowship
Please indicate what the fellowship will be used for:
 - ADEA Fellowship
 - ADEA Leadership Institute Fellow
(You must also complete a **Leadership Institute application form**, located at www.adea.org.)
- ADEA/Colgate-Palmolive/National Dental Association Dr. Jeanne C. Sinkford Scholarship
- ADEA/Colgate-Palmolive Excellence in Teaching Award*
- ADEA/IFDEA Orna Shanley Prize
- ADEA/Johnson & Johnson Healthcare Products/Enid A. Neidle Scholar-in-Residence Program for Women
- ADEA/Sunstar Americas Inc./Harry W. Bruce, Jr. Legislative Fellowship
- ADEA/William J. Gies Foundation Education Fellowship
- ADEA/Zimmer Dental Implant Education Teaching Award

Please print clearly.

Applicant's name (first, middle, last) _____

ADEA member number _____

Applicant's title _____

Institution name _____

Department _____

Applicant's institution address _____

Applicant's home address _____

Applicant's email _____ Applicant's telephone _____

Applicant's signature _____

Date signed _____

This application is not complete without an authorized signature. See the award description for more details about authorized signatories. Applications without the proper signature will be returned.

Authorized signature _____

Print name of authorized signatory _____

Title _____

Office address _____

Email _____

Telephone _____

Date signed _____

All awardees are strongly encouraged to attend the ADEA Annual Session in Phoenix, Arizona, March 14-18.

***For ADEA/GlaxoSmithKline Sensodyne® Excellence in Teaching Award applicants**

I understand that if I receive this award, I must be present to accept the award in person at the ADEA Annual Session in March 2009. My signature below indicates I will be present.

Signature _____ Date signed _____