

## **GDHA FUTURE LEADER AWARD**

This award was created to recognize dental hygienists who exhibit a strong commitment to the dental hygiene profession and have demonstrated leadership in the Georgia Dental Hygienist's Association on the constituent and/or component level within **five years** of graduation from an accredited dental hygiene program.

### **TO BE ELIGIBLE FOR NOMINATION, THE NOMINEE MUST:**

- \* Be a current Active member of ADHA and have continuous Active membership Since graduation
- \* Have graduated from an accredited dental hygiene program within the last five Years
- \* Have been a GADHAS member while enrolled in a dental hygiene program
- \* Be nominated by a component
- \* Complete the nominee application and essay

### **THE AWARD RECIPIENT WILL RECEIVE:**

- \* ADHA Membership Dues
- \* Recognition at GDHA Annual Session
- \* A Certificate

THE COUNCIL ON MEMBERSHIP WILL REVIEW ALL APPLICATIONS. THE JUDGING WILL BE COMPLETELY COMPETITIVE. THE APPLICATION JUDGED MOST DESERVING, COMPARED DIRECTLY TO THE OTHER NOMINEES WILL RECEIVE THE AWARD.

THE DEADLINE FOR ALL NOMINATIONS AND APPLICATIONS IS **OCTOBER 1, 2010 FOR 2010**, APPLICATIONS WILL BE ACCEPTED FROM GRADUATES **2005 THRU 2010**.

ALL FORMS AND APPLICATIONS ARE TO BE MAILED TO DEBBIE HOUGH, GDHA AWARDS CHAIR, 2095 BLACKBERRY CIRCLE, AUBURN, GA 30011 or Email to [dthough@gdha.org](mailto:dthough@gdha.org)

**GDHA FUTURE LEADER AWARD VERIFICATION FORM**

The Future Leader Award recognizes dental hygienists who exhibit a strong commitment to the dental hygiene profession and have demonstrated leadership in the Georgia Dental Hygienist's Association within five years of graduation from an accredited dental hygiene program.

AN OFFICER OF THE NOMINEE'S COMPONENT ASSOCIATION MUST COMPLETE THIS FORM AND RETURN IT TO GDHA BY **OCTOBER 1, 2010** THE COUNCIL ON MEMBER SERVICES WILL REVIEW ALL APPLICATIONS. THE JUDGING WILL BE COMPLETELY COMPETITIVE. THE APPLICATION JUDGED MOST DESERVING, COMPARED DIRECTLY TO THE OTHER NOMINEES WILL RECEIVE THE AWARD.

I hereby certify that, according to the records maintained by this Association and to the best of my knowledge,

NOMINEE'S NAME \_\_\_\_\_

MEMBERSHIP ID#: \_\_\_\_\_

Is a current Active member of GDHA and graduated from an accredited dental hygiene program within the last five years. The nominee has been a current Active member of GDHA since graduation and was a continuous GADHAS member while enrolled in a dental hygiene program.

DENTAL HYGIENE PROGRAM

ATTENDED \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_

\_\_\_\_\_

NOMINATOR SIGNATURE POSITION DATE

\_\_\_\_\_

COMPONENT OF GDHA

**2010** APPLICATIONS WILL BE ACCEPTED FROM GRADUATES **2005 THRU 2010**

**2010 GDHA FUTURE LEADER AWARD NOMINATION FORM**

THIS MUST BE COMPLETED THE NOMINATOR FROM  
THE NOMINEE'S COMPONENT

To submit a nomination for the Future Leader Award, please complete and return this nomination form and verification form to Debbie Hough, GDHA Awards Chair, 2095 Blackberry Circle, Auburn, GA 30011 or dthough@gdha.org

All application materials must be postmarked by October 1, 2010

Please print

NOMINEE:

NAME: \_\_\_\_\_

ADHA MEMBER ID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NOMINATOR:

NAME: \_\_\_\_\_

ADHA MEMBER ID: \_\_\_\_\_

COMPONENT POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE; ( \_\_\_\_ ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

I HAVE READ AND UNDERSTAND THE GUIDELINES FOR THIS AWARD. I  
CERTIFY

THAT THE INFORMATION CONTAINED IN MY NOMINATION IS TRUE TO THE  
BEST OF  
MY KNOWLEDGE.

NOMINATOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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For GDHA Office Use Only:

Date of Graduation \_\_\_\_\_ GADHAS Member

ADHA Member \_\_\_\_\_ Submission

Date \_\_\_\_\_

**FUTURE LEADER AWARD**

**APPLICATION COVER PAGE**

This form must be completed by the nominee and returned with sections I and II.

ALL APPLICATIONS MUST BE POSTMARKED BY OCTOBER 1, 2010

PLEASE PRINT THE INFORMATION ON THIS FORM

NOMINEE:

Name: \_\_\_\_\_ ADHA ID# \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone; ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

I have read and understand the guidelines for this award. I certify that the information contained in the attached application is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: A COMPLETED NOMINATION AND APPLICATION CONSIST OF THE FOLLOWING:

- \* NOMINATION FORM--COMPLETED BY THE NOMINATOR AND SENT TO THE GDHA AWARDS CHAIR
- \* VERIFICATION FROM--COMPLETED BY THE NOMINATOR AND SENT TO THE GDHA AWARDS CHAIR
- \* APPLICATION COVER PAGE--COMPLETED BY THE NOMINEE AND SENT TO THE GDHA AWARDS CHAIR ALONG WITH THE COMPLETED SECTIONS I AND II

I. GADHAS MEMBER AND LEADERSHIP ACTIVITIES

II. ESSAY

SEND ALL MATERIALS TO: DEBBIE HOUGH, GDHA AWARDS CHAIR,  
2095 BLACKBERRY CIRCLE, AUBURN, GA 30011 OR TO: [dthough@gdha.org](mailto:dthough@gdha.org)

## **FUTURE LEADER AWARD NOMINEE APPLICATION**

The **2010** Future Leader Award consists of two sections. Each section should be completed by the nominee and returned to Debbie Hough, GDHA Award Chair, 2095 Blackberry Circle, Auburn, GA 30011 or at: [dthough@gdha.org](mailto:dthough@gdha.org)

**ALL APPLICATIONS ARE TO BE POSTMARKED BY OCTOBER 1, 2010**

### **SECTION I:**

Please submit a bulleted professional bio of GADHAS and ADHA/GDHA leadership experience. This is to include, local, state and national activities.

### **SECTION II:**

Please submit a type written essay of 250 words answering the following question:  
“Since you have become a dental hygienist, where would you like to see the advancement of GDHA and dental hygiene proceed in Georgia?”