

First Time Conference Attendee Grant Guidelines

For Conference 2018, the Alliance of the American Dental Association (AADA) is offering **First Time Conference Attendee Grants** available thanks to the generosity of the American Dental Association (ADA). The grant program was established to encourage Alliance members to attend Conference in order to acquire skills and gain insight into AADA, preparing them for further involvement in dental health education, legislative activities and leadership positions. The grant includes complimentary registration and non-transferable tickets to required sessions and reimburses recipients up to seven hundred dollars (\$700) for travel and lodging.

Deadline for submission is February 15, 2018. The grants will be reviewed and notifications completed by February 28, 2018.

Criteria for Application

1. The applicant must be a member of the Alliance of the American Dental Association (AADA).
2. The applicant must be attending their first AADA Conference.
3. The applicant must be willing to use the skills they gain during the conference to serve the Alliance on the local, state, or national level.
4. Current members of the Leadership Council are ineligible to receive this grant.

Conditions of Grant Acceptance

1. The recipient will register for Conference 2018 upon notification of being awarded a grant.
2. The recipient must attend all official conference related functions of the AADA Conference 2018 including, but not limited to:
 - First Time Attendee Meeting/Orientation
 - Opening Assembly/ Welcome Event
 - Workshops & learning sessions
 - Legislative Advocacy/ADPAC Breakfast
 - Beulah K. Spencer Awards Dinner
3. Following Conference, the recipient must submit a typed report to the AADA Treasurer relating, but not limited to: what their experience was at conference, what they learned, how it will help them as a leader and how they plan to use what they learned. The recipient's report may be published, in whole or in part, in *KEY* or a state or local alliance or dental publication.
4. The recipient must also submit a reimbursement form with original receipts (no points or frequent flyer miles) for expenses to the AADA Treasurer within thirty (30) days following Conference 2018, and *at that time, a check will be issued to the grant recipient*
5. Grant recipients shall not receive any additional grants or reimbursements from AADA for Conference 2018.

Please attach the following to the application

1. Personal statement. In no more than one typed page, tell us
 - Why you want to attend this conference?
 - How you hope to benefit from attending and how your attendance will support the Alliance?
 - Why you feel you should be selected?Please include any factors you consider relevant to the Committee's decision; i.e., you are a new board, council or committee member or have committed to serving on a board, council or committee at the local, state, and/or national level during the next year; you have been responsible for a retention and/or recruitment program; you have managed or participated in a dental health education project; or you are a Member-At-Large (a member without a constituent or component) who has not had an opportunity to serve in any board position, but have or plan to actively participate in the areas of legislative advocacy or dental health education, etc. You may also include information about your occupation/profession, community volunteer experience, interest, hobbies, etc.
2. A summary of your Alliance volunteer experience at the local, state, and/or national level, including positions you have held.
3. List any financial assistance you may receive from your local or state alliance.

First Time Conference Attendee Grant Application

The AADA Conference 2018 **First Time Attendee Grant Program**, generously sponsored by the American Dental Association (ADA), is awarded to first time conference attendees. This grant was established to encourage Alliance members to attend Conference in order to learn skills and gain insight into the Alliance of the American Dental Association (AADA), preparing them for further involvement in dental health education, legislative activities, and leadership positions. Grants are available for Alliance members.

The grant includes complimentary registration and non-transferable tickets to required sessions, and reimburses recipients up to seven hundred dollars (\$700) for travel and lodging. **Recipients are required to attend all official conference activities and to submit a conference report.** Grant recipients are selected by a committee of the Leadership Council members. Grants are awarded to applicants based on first-time status, potential contributions to AADA based on the information provided on the application. **Please review the First Time Conference Attendee Grant Guidelines for details.**

Grant applications must be postmarked or received via fax or e-mail by February 15, 2018.

Applicant information:

Name _____ AADA Member Since _____

Spouse's Name _____ ADA Member Since _____

Home Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Fax _____

E-MAIL _____

Please attach the following to this application:

1. Personal statement. In no more than one typed page, tell us why you want to attend this conference, how you hope to benefit by attending, how it will support the Alliance, and why you feel you should be selected. Please include any factors you consider relevant to the Committee's decision; i.e., you are a new board, council or committee member or have committed to serving on a board, council or committee at the local, state, and/or national level during the next year; you have been responsible for a retention and/or recruitment program; you have managed or participated in dental health education project; or you are a Member-At-Large (a member without a constituent or component) who has not had an opportunity to serve in any board position, but have or plan to actively participate in the areas of legislative advocacy or Dental Health Education, etc. You may also include information about your occupation/profession, community volunteer experience, interest, hobbies, etc.
2. A summary of your Alliance volunteer experience at the local, state, and/or national level, including positions you have held.
3. List any financial assistance you may receive from your local or state alliance.

Send this form through either:

MAIL:
Alliance of the ADA
P.O. Box 1982
Brandon, FL 33509

FAX:
(813) 315-7132

E-MAIL:
info@allianceada.org

Questions? Call AADA Central Office: (813) 540-2154