



**ALPHONSE J. “SKIP” HOMICZ Jr. LEGACY  
AWARD NOMINATION**

**Information about Nominee:**

\_\_\_\_\_ Individual \_\_\_\_\_ Organization

**Name:**

**Position:**

**Organization:**

**Address:**

**Telephone:**

**Email address of nominee or contact person at nominated organization:**

**Information about Nominator:**

**Name of person making the nomination:**

**Telephone number:**

**Email address:**

**Supporting Detail:**

**In two pages or fewer, please describe why the nominee is deserving of this award.**

**Specifically:**

- The nominee’s exemplary commitment toward improving the oral health of vulnerable populations in New Hampshire.
- How the nominee’s record of achievement meets some or all the criteria listed in the award document.

- A description of how the nominee's work has impacted the availability of oral health in the state and/or community.

The application should also include **two** current letters of support that address the contribution the nominee has made and why the nominee deserves this recognition.

Submissions:

- Electronic submission should be made by **Friday, July 19, 2024** to: [Application@nhoralhealth.org](mailto:Application@nhoralhealth.org)
- Written submissions must be post-marked by **Friday, July 19, 2024**, and be mailed to: **Gail Brown**, Executive Director, The NH Oral Health Coalition, 4 Park Street, Suite 403 Concord, NH 03301