



**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
- 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