

DENTAL HEALTH & EDUCATION CONTRIBUTION APPLICATION

1. Applicant's name and title: _____
Organization: _____
Address: _____
City/State: _____ ZIP: _____
Telephone: _____ E-mail: _____
2. Project title: _____
3. Total cost of program: _____ Amount requested: _____
4. Are you seeking other sponsors? Yes No
If yes, please list: _____
5. Is your organization providing funding for this program? Yes No
Amount: \$ _____
6. Is this program for (check all that apply) :
 - Dentistry for indigents
 - Groups that are dentally underserved
 - Education to advance the awareness or the science of dentistry
 - Promotion of public dental health
 - Community activity
 - Other (please explain)
7. Is this an ongoing program? Yes No
If yes, please indicate period of time program will cover: _____
8. Date funds are needed: _____

Please attach additional information regarding the purpose of this program and the specific use of funds with the program.

Return completed application and additional information to:
Delta Dental
Health, Education & Research Fund
Attention: Adrienne Lew, MS 5B
100 First Street
San Francisco, CA 94105