

# Bosque Valley Save a Smile Program

## 2016 Nomination Form



Our goal is to work together to restore the Nominee's smile so that we can help restore confidence, courage, health, hope, faith and well-being for the future.

This award is for deserving individuals who are in serious need of dental care that they would not otherwise be able to afford.

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

Nominated by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Nominator's Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Nominator's Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nominee Name: \_\_\_\_\_

Nominator's Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Please give a brief description of your relationship with the nominee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the nominee over the age of 21 years of age? (circle one) Yes or No

Is the nominee employed? (circle one) Yes or No

If so where? \_\_\_\_\_

For How Long? \_\_\_\_\_ Position \_\_\_\_\_

Are they (circle one) Single Married Divorced Other

Are there children? \_\_\_\_ How many? \_\_\_\_ Under 18 \_\_\_\_ over 18 \_\_\_\_

How many children living at home? \_\_\_\_\_

Does the Nominee have dental insurance? (circle one) Yes No Don't Know

Please use additional pages if needed and staple to the back of this form so it will not be separated. If possible include a photo and any additional information you feel would be useful.

Please describe why you believe this person is in need to dental treatment:

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Please describe why you believe this person would be a deserving recipient of this program:

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Thank you so much for you kind and generous act and willingness to help a friend in need.

Hand deliver or mail to:       Bosque Valley Family Dental  
  Save a Smile Program  
  PO Box 127  
  Valley Mills, TX 76689

Winners will be notified by mail and/or posted on our website on or before May 30, 2016 – Memorial Day.

Winners will be notified by mail and by a telephone call so please make sure a good contact phone number is included to reach Nominee or someone close to them for them to receive the good news.

**\*\* Please read and follow the Instructions / Guidelines carefully. Emailed Nomination Forms cannot be accepted for the Save a Smile Program. Only Nominators who apply and send a self addressed stamped return envelope for winning results will be considered. Thank you for taking time to help restore confidence, health and self-confidence to someone in need.**

**Our Mission:** to serve God and our community through giving back and sharing our skills, talents and blessings with others.

**Our Vision:** Through restoring deserving individual's smiles, we may assist in restoring confidence, courage, health, hope, faith, and well-being for the future.