

IMPRESSIONS PROGRAM® 2018-2019 Write-Up

SNDA'S IMPRESSIONS PROGRAM® is designed to expose underrepresented pre-dental students to a career in dentistry, the dental school application process, as well as the financial aid process. This educational and recruitment program allows pre-dental students to learn about the dental school network and to become a stronger dental school applicant. This program also promotes the Undergraduate Student National Dental Association (USNDA), an affiliated organization of SNDA.

The SNDA National Executive Board will reimburse local SNDA chapters a maximum of \$150 for each organized and documented SNDA Impressions program. The deadline for programs hosted in FALL 2018 is DECEMBER 21, 2018. The deadline for programs hosted in SPRING 2019 is JUNE 8, 2019. Requests received after these deadlines will not be reviewed.

Please be advised that no request will be honored at the NDA/SNDA National Conference.

Please complete the following form and include:

- (1) A copy of the sign-in list *(required)*
- (2) 5 pictures highlighting the event *(required)*
- (3) 2 pieces of material distributed (i.e. agenda, DAT guide, list of dental schools in your state) *(required)*
- (4) If your chapter conducted a survey or evaluation, please include 1-2 of the most meaningful comments *(Optional)*

You may (1) scan and email or (2) mail all supporting documents to the National Treasurer:

**Raymond Dawkins
SNDA National Treasurer
6411 Ivy Lane
Suite 703
Greenbelt, MD 20770
Treasurer.snda@gmail.com**

Any questions or concerns may be addressed to the National Treasurer.

Dental School Hosting: _____

Date of Program: _____

Location of Event: _____

**Names of represented
Colleges and/or High schools:**

of students in attendance: _____

Was a registration fee instituted? YES NO, if yes, then how much? _____

Was breakfast/lunch included? YES NO, if yes, who sponsored it? _____

Brief Description of Event (2,000 character Max):

Who should your chapter's check be made to?

Organizer's Contact Information

Name: _____

Cell: _____

Email: _____

Grad Yr: _____

Please attach additional paper if necessary.