

# Best Community Health Project Award Application

Deadline: September 16, 2011 at 5:00pm

School Name: \_\_\_\_\_

Project Committee Chairperson: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person E-mail: \_\_\_\_\_

Faculty Advisor Name: \_\_\_\_\_

Faculty Advisor Signature: \_\_\_\_\_

Faculty Advisor E-mail: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Date(s) of Project: \_\_\_\_\_

Site(s) of Project: \_\_\_\_\_

Number of Nursing Students Involved in completing the project: \_\_\_\_\_

If non-nursing student collaborated, please describe: \_\_\_\_\_

Community organizations that assisted with the project (if applicable) **attach list**: \_\_\_\_\_

Total hours dedicated to volunteering with the project: \_\_\_\_\_

Cost of project: (**attach project budget**): \_\_\_\_\_

Briefly describe how the project was conducted (**attach description**): \_\_\_\_\_

Will this project be continued next year by your local Chapter?  Yes  No

What was learned from this project what would be beneficial to others? (**Attach description**): \_\_\_\_\_

**Attach** any pictures you may have from your project. ☺

\*\*Please e-mail this completed application to Community Health Director, Amber Wick at [aw23@zips.uakron.edu](mailto:aw23@zips.uakron.edu) by September 16, 2011 at 5:00pm.