

## Student Representative Application Form

Name:

E-mail Address:

Phone Number:

Why are you interested in being a part of the Alberta Dental Foundation?

Please list your philanthropic activities.

Please list any fundraising experience you have.

What dental health care needs are present in your community?

Who in your community struggles with access to dental care?

Please submit to:

Alberta Dental Foundation  
402-7609 109 ST  
Edmonton, AB T6G 1C3

Email: [info@albertadentalfoundation.ca](mailto:info@albertadentalfoundation.ca)  
Fax: 780-433-4864

You may visit our website for a copy of the Terms of Reference for this position as well as additional information regarding the Alberta Dental Foundation at [www.albertadentalfoundation.ca](http://www.albertadentalfoundation.ca)

---

Signature

---

Date