



IFDH Social Responsibility APPLICATION

(See both sides of this document)

Healthy Smile for Life – Oral Health for Better Aging

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Contact information (Print or type)

Name of Contact: _____

Email: _____

Cell Phone: *Country Code* _____ *Number* _____

Check one: Dental Hygienist Dental Therapist Oral Health Therapist Oral Therapist

Name of Project: _____

I have included a 200-word typed summary of the project (in English)

Photos are attached with my submission

I am eligible to enter. (Only member organizations are eligible to enter. If you are a member of your national association and the association is a member of IFDH, then you are eligible)

NOTE: Past winners are not allowed to re-submit.

DEADLINE: February 2, 2026

Email completed form and summary to:

The International Federation of Dental Hygienists c/o membership@ifdh.org





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- Please include the following information in your summary.
- Do NOT mention the name of the Association, Country or Your Name.

1. **Project Title** (4-10 words)
2. **Project Background** (Include number of individuals involved with implementing the program)
3. **Project Timeline** (Projects should have a clear start date. Please explain if the project has ended or is ongoing.)
4. **Project Budget** (Identify project costs: personnel, administration, communication, travel, publication of materials, clinical materials. Please include funding sources and amounts.)
5. **IFDH Theme:** How does your project align with the IFDH social responsibility theme "*Oral Health for Better Aging*"?
(Describe the purpose of your project, how many recipients of the project, and the results.)
6. **Key Need:** What key need does this project meet? How big is this need and what will happen if this need is not met?
7. **Challenges:** What challenges did you face in implementing the project and how were they resolved?
8. **Continuation:** Will you consider doing the project again?

Consider - Is this research? Do you need ethics approval?

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3/11/25

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