



Outstanding Young Alumnus Award

Purpose

This award serves to honor young alumni who have contributed to the college and/or the dental profession early in their career. A candidate will be considered eligible within the first 10 years after graduation. Eligible candidates will exhibit outstanding contributions to their profession, community and Baylor College of Dentistry. The award may be granted to dental and/or dental hygiene alumni.

Review Procedures

Nominations are solicited from the alumni, faculty, and staff. Nominations will be sought via mail and the web page. A selection committee is comprised of the Dean; a representative of the Alumni Association Board of Directors; and one representative each from the 5 and 10-year reunion classes. The award is only presented if the Selection Committee of the Alumni Association believes there is a suitable candidate. There may be one more than one candidate presented in a given year.

Award

The award is presented each year during Homecoming festivities. The recipient is also announced and honored at the Association's Annual Business Meeting/Reception.

Past Recipients:

Ms. Dianna C. Prachyl '94 '00 2004 (inaugural year)
Dr. Jason B. Cope '95 '00 2004-2005
Dr. Brad Crump '97 2007

Nominations are due to the Alumni Association Office by Monday, December 14, 2009.

Please mail form to:

Office of Continuing Education & Alumni Services
Baylor College of Dentistry
3302 Gaston Avenue, Rm. 610
Dallas, TX 75246

Or fax to: 1-214-874-4510

Or e-mail to: carcoria@bcd.tamhsc.edu

NOMINATION FORM
Outstanding Young Alumnus Award

Nominee's Information:

Name: _____ Year(s) of Graduation from BCD : _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____ E-mail: _____

Professional Activities:

Community Service:

Awards, Recognition, and Publications:

Service to Baylor College of Dentistry, including the Baylor College of Dentistry Alumni Association:

Please attach any information pertinent to nominee's achievements that you feel will be helpful to the Selection Committee. Feel free to attach additional pages if needed.

Submitted by: _____
(please print)

Address: _____

City, State, Zip: _____

Telephone: _____ E-mail: _____

Please mail to:
Baylor College of Dentistry
Office of Continuing Education & Alumni Services
3302 Gaston Avenue, Rm. 610
Dallas, TX 75246
or fax to: 1-214-874-4510
or e-mail to: carcoria@bcd.tamhsc.edu
If you have any questions, please call
214-828-8238.