

SANDRA MITCHELL AWARD APPLICATION

Name of Student Volunteer _____

Email of Student Volunteer _____

Phone Number of Student Volunteer _____

Educational Institution of Student Volunteer _____

Name & Credentials of Primary Faculty Mentor _____

Title of Faculty Mentor _____

Email of Faculty Mentor _____

Phone Number of Faculty Mentor _____

Project Information

Statement of Need

Briefly describe your student outreach and/or volunteer service and its objectives.

Description of Vulnerable Population and Geographic Areas Served

Provide a general description and details about the population(s) served.

Details of Community Service

Provide details of the community service including:

1. description of individual care provided (e.g. educational preventive, screening, diagnostic, restorative care),
2. community-based initiatives such as group health education, community advocacy.