



# SPEAR

## 2017 Spear Education Grant

**Application Deadline: July 15, 2017**

### **BACKGROUND:**

The Foundation for Dental Laboratory Technology (Foundation) is a non-profit 501c (3) organization. The purpose of the Foundation is to advance the profession of dental laboratory technology by addressing industry driven needs and providing solutions that are relevant and accessible to dental technicians and other members of the dental team.

Spear Education, located in Scottsdale, Arizona, brings you dentistry's most transformative learning through lectures and seminars, hands-on workshops, online education, patient education, team education and study clubs.

### **GRANT OVERVIEW:**

Recognizing the need for increased accessibility to higher education in dental laboratory technology, Spear and the Foundation for Dental Laboratory Technology have partnered to bring you the Spear Education Grant in 2017.

The 2017 Spear Education Grant will award five (5) Spear Seminar seats at no charge. The cost for such a course would typically be \$1,695 per seat; however, due to Spear's generosity, the grant recipients will have their tuition fee waved.

Spear two-day seminars provide solid, fundamental concepts, systematic treatment planning and proven steps for achieving predictable clinical results. There are seven (7) different seminars to choose from, including Interdisciplinary Management of Esthetic Dilemmas, Demystifying Occlusion, Treating the Worn Dentition, and more. For a full listing and detailed information on the available seminars, please visit [www.speareducation.com/seminars](http://www.speareducation.com/seminars).

### **REQUIREMENTS:**

1. In order to be eligible for this grant an applicant must be actively working in the dental laboratory technology profession.
2. Sitting members of the NADL Board, NBC Trust, or FDLT Trust are not eligible as individuals to apply for or win grants/scholarships offered through the Foundation.
3. The 2017 Spear Education Grant winner(s) must attend the seminar within one year of being awarded the grant. No extensions will be given.
4. The 2017 Spear Education Grant winner(s) will be responsible for their own travel and accommodations.
5. The 2017 Spear Education Grant winner(s) will be required to provide the Foundation with a headshot and testimonial (web video submission or typed submission on letterhead paper) about receiving the grant, attending the course, and how this experience will positively impact his/her DLT career, prior to funds being released.
6. No cash will be provided to the grant recipient. If the recipient fails to use the grant or cannot make their scheduled course date, they will forfeit their grant.
7. The 2017 Spear Education Grant winner(s) will not be eligible to receive this grant two years in a row.

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**INSTRUCTIONS:**

1. Please type or print all answers clearly in black or blue ink.
2. Use extra sheets of paper if you need more space for requested information.
3. Be honest, accurate and thorough in completing all sections of this application. The 2017 Spear Education Grant is awarded at the sole discretion of the Foundation Board. The Foundation reserves the right to reject any application if the Board has evidence that the applicant has made a false or misleading statement in the application or any supporting document.
4. Applications must be received at the Foundation office by July 15, 2017 to be considered.

**I. Applicant's Information**

Applicant's Name: \_\_\_\_\_ NADL Member #: \_\_\_\_\_  
Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**II. Certification Information**

CDT/RG #: \_\_\_\_\_ Specialty (ies): \_\_\_\_\_ Date Conferred: \_\_\_\_\_  
Other Certifications/Specialty Training: \_\_\_\_\_ Date Conferred: \_\_\_\_\_  
Other Certifications/Specialty Training: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

**III. Education**

*(list post-secondary education and degree(s) earned)*

Institution: \_\_\_\_\_ Degree/Major: \_\_\_\_\_ Date Conferred: \_\_\_\_\_  
Institution: \_\_\_\_\_ Degree/Major: \_\_\_\_\_ Date Conferred: \_\_\_\_\_  
Institution: \_\_\_\_\_ Degree/Major: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

**IV. List Technical Experience**

*(list relevant technical experience)*

Laboratory: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_  
Laboratory: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_  
Laboratory: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_  
Laboratory: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

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## V. Other Information

List Association/Organization Memberships and indicate the number of years as a member in each.

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List Volunteer Involvement and indicate services and positions on the committee/board with specific organizations and the number of years participating.

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List Professional Awards and indicate the award(s), organization and year when award was received.

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## VI. Letter of Interest

On an attached sheet, please compose one typewritten page in response to the following questions:

1. Why is continuing education and lifelong learning important to you?
2. Why are you interested in attending one of the Spear seminar courses?
3. How will attending this seminar impact your dental laboratory technology career?

## VII. Applicant's Affidavit

I understand by submitting this application, I am expressing my interest in the Foundation's Spear Education Grant and that submitting this application does not guarantee I will be awarded the grant.

I understand the Foundation reserves the right to determine the grant winners based on specific criteria and that should I be selected, I will comply with the grant parameters as set forth by the Foundation.

I understand that by submitting this application, I am giving permission for the Foundation to use any or all of the information contained in my letter of interest, or in my written or video testimonial on their website and other marketing channels.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VIII. Checklist

Make sure you check the following list before submitting your application to the Foundation:

- Completed Application
- Completed Letter of Interest
- Signed Application Affidavit
- Submitted before deadline of July 15, 2017

**Questions?** Contact Lindsey Rowan at (866) 627-3990 or by email at [foundation@dentallabfoundation.org](mailto:foundation@dentallabfoundation.org).