



PILLAR

Scholarship Application Form

IMPORTANT INFORMATION

- 1) Pillar Scholarship winner(s) will not be eligible to receive this scholarship two years in a row.
- 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) Pillar Scholarship winner(s) who have paid for and successfully completed an examination within 6 months prior to the application deadline may be reimbursed for the exam(s).
- 4) Pillar Scholarship winner(s) will be required to provide the Foundation with a professional headshot and testimonial (web video submission or typed submission on letterhead paper) about receiving the scholarship and how this experience will positively impact his/her DLT career, prior to funds being released.

INSTRUCTIONS

- 1) Type or print all answers clearly in 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 FDLT 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 documents.

I. Applicant Information

1. Name _____ Mr. / Mrs. / Ms. / Miss / Other _____
2. CDT or RG # (if applicable) _____
3. Street Address _____
City _____ State _____ Zip _____
4. Home Telephone _____
5. Business Telephone _____
6. FAX _____ 7. E-mail _____
8. Date of Birth _____

II. Language Requirement

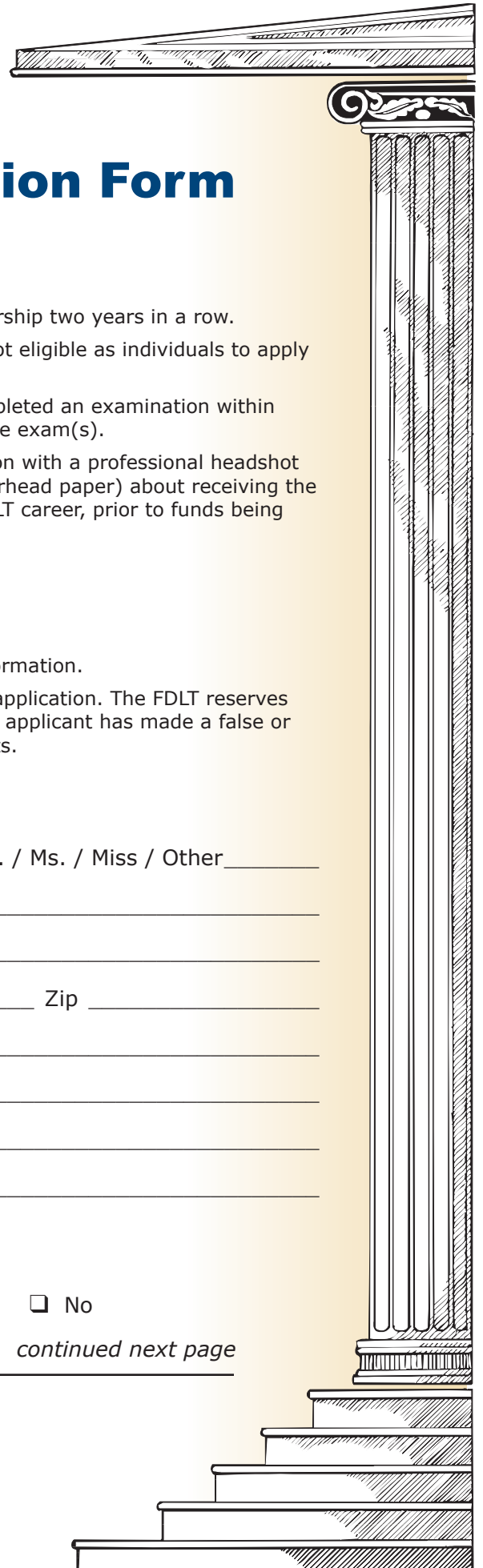
9. Do you read, speak and write the English language? Yes No

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Return this completed form to:

FDLT Pillar Scholarship
 325 John Knox Road, #L103
 Tallahassee, FL 32303
 Phone: (866) 627-3990
 Fax: (850) 222-0053





III. Legal Requirement

10. Have you been convicted of the illegal practice of dentistry? [] Yes [] No

IV. Education

11. Did you graduate from high school? [] Yes [] No

12. List post-secondary studies and degree(s) earned:

Table with 4 columns: Name of Institution, Courses or Major, Dates Attended, Degree Earned. Includes four rows of blank lines for data entry.

V. Certification

13. If you achieved the NBC’s Certified Dental Technician (CDT) designation or Recognized Graduate (RG) designation, please complete the following information (RGs please list the school you attended and the year in which your passed your RG examination):

CDT: CDT Number _____

Specialty(ies) _____

RG: School _____

Year _____ RG Number _____

14. If you are a current CDT, do you plan on obtaining an additional specialty(ies)? [] Yes [] No

VI. Applicant’s Employment

The National Board for Certification (NBC) requires that CDT applicants fulfill one of the following: Be a Recognized Graduate (RG) of a 2-year ADA-accredited dental technology program; Be a Recognized Graduate (RG) of non-ADA-accredited dental technology program and obtain at least 3 years of practical experience in dental technology (in addition to, and not concurrent with their two years of formal education); Graduate from an ADA-accredited dental technology education program (non-RGs) and obtain at least two years of practical experience in addition to education; Be a technician who is trained and educated in other settings and has at least five years of full-time practical experience in dental technology (at least 35 hours per week); or be able to provide sufficient documentation of continuing education (CE) and experience in accordance with NBC policy (for a detailed breakdown, please visit the Career Path to Becoming a CDT document at www.nbccert.org/certificants/certified-dental-technician/cdt-application.cfm). Applicants must supply such information as FDLT might need to verify compliance with the requirement — including the complete mailing address and name of employer and supervisor.

15. How many years have you worked in the field of dental laboratory technology? _____

16. Present employer _____



VI. Applicant's Employment, continued

17. Business address _____

18. Date of employment _____ Full-Time Part-Time (hrs. per week _____)

19. Name and title of present supervisor _____

20. Job title and brief description of the work you do _____

21. Are you responsible for supervising the performance of other technicians or production personnel on a daily basis? Yes No

22. Are you regularly or occasionally responsible for the instruction or training of other technicians? Yes No

23. Number of years as a dental technician: _____

24. Most recent previous employer:

Name _____

City/State/Zip _____

Telephone # _____

a. Dates employed: from (month and year) _____ until (month and year) _____

Full-Time Part-Time (hrs. per week _____)

b. Job title and brief description of duties _____

c. Name of supervisor _____

25. Employment prior to position listed above:

Business Name _____

City/State/Zip _____

Telephone # _____

a. Dates employed: from (month and year) _____ until (month and year) _____

Full-Time Part-Time (hrs. per week _____)

b. Job title and brief description of duties _____

c. Name of supervisor _____

(Please use additional pages if needed to report at least five years of dental technology training, education, and experience).

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VII. Other Credentials

26. Specialized training/certification/other designations

27. Association/volunteer involvement (list committee or board involvement with specific organizations and the number of years involved).

28. Continuing Education (Up to four years. Use another sheet if necessary.)

Table with 3 columns: Name of Course, Provider, Year(s) Taken

VIII. Letter of Interest

29. On an attached sheet, please compose one typewritten page in response to the following question: "Why is attaining the CDT certification important to you?"

IX. Applicant's Affidavit

I understand that by submitting this application, I am expressing my interest in the FDLT Pillar Scholarship and that submitting this application does not guarantee I will be awarded the scholarship.

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

I understand that by submitting this application, I am giving permission for FDLT 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:

X. Checklist

Make sure you check the following list before submitting your application to FDLT.

- Completed Application
Submitted before deadline of March 15th for spring award date or September 15th for fall award date.
Completed and attached Letter of Interest.
Signed application affidavit