



## **2017 Education Access Grant**

**Deadline: September 1, 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.

### **GUIDELINES/REQUIREMENTS**

The Foundation evaluates each application on its own merits. Winners will be awarded at the sole discretion of the FDLT Board and determined based on the information outlined in this application as well as factors such as other grants awarded, program budget and program need.

1. The Education Access Grant will award up to three (3) qualifying faculty members up to \$750 to help cover the costs associated with attending an industry related educational event (such as NADL Educator Conference), supplementing their institutional membership in ADEA, or DLT educator or general educator course of their choice.
2. In order to be eligible for this grant, applicants must be an NADL Member Educational Institution with a dental laboratory technology program.
3. 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.
4. Grant applications must be received by **September 1, 2017** and funds must be used by December 31, 2018. No extensions will be given. If the recipient fails to use the grant by the deadline, they will forfeit their grant. Verification of use of funds will be required.
5. Education Access 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 and how this experience will positively impact the DLT program, the students, and the profession, prior to funds being released.
6. Organizations are eligible to receive this grant two years in a row; however, grants will not be awarded to the same faculty member two years in a row.
7. If the faculty member awarded this grant is no longer employed with the organization by the time the grant funds are to be used, the grant funds will be redistributed to other grants through the Foundation.
8. Funds may not be transferred to others or may not be used of any other purpose than the one indicated in this application.

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# **2017 Education Access Grant Application**

## **INSTRUCTIONS**

- 1) Please 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 Education Access Grant is awarded at the sole discretion of the FDLT Board. 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 document.
- 4) Applications must be received by September 1, 2017 to be considered.

## **I. Applicant's Information**

Applicant Name: \_\_\_\_\_ Applicant Title: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ NADL Member #: \_\_\_\_\_

Program Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please explain your intended use of grant funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **II. Certification Information**

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

Other Certifications/Specialty Training: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

Other Certifications/Specialty Training: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

Other Certifications/Specialty Training: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

## **III. Education & Relevant DLT Experience**

*List Post-secondary Education and Degree(s) earned:*

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

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

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

*List relevant technical experience:*

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

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

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

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**IV. Event/Course/Membership Information**

Name of Proposed Course or Program to be funded by grant funds: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Learning Objectives: \_\_\_\_\_

**V. Other Information:**

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

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

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

**VI. Letter of Interest**

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

1. Why did you select your desired use of funds?
2. How do you plan to utilize this opportunity for curriculum development and enhancement of your school's dental laboratory technology program?

**VII. Applicant's Affidavit**

I understand by submitting this application, I am expressing my interest in the Foundation's Education Access 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**

- Completed Application
- Completed Letter of Interest
- Signed Application Affidavit
- Submitted before deadline of **September 1, 2017** via mail, fax, or email

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