

### Requirements:

1. In order for a program to be considered eligible for Fulcrum Grant funds, it must be approved by NBC, ADA CERP or AGD. Examples of programs include but are not limited to MDT, MDC....
2. Fulcrum Grants will be awarded in the amount of \$2,500 to supplement expenses related to an approved continuing education program a winner wishes to attend.
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. The Fulcrum Grant winner(s) will be required to provide the Foundation with (web video submissions or written) testimonial about receiving the grant, attending the course and how this experience effected his/her DLT career.
5. The Fulcrum Grant will be paid directly to the course provider, not to the individual awarded the Fulcrum Grant.
6. Once the Fulcrum Grant is awarded, it is only valid (for a period of one year from the date of award or) until December 31. After that time, the ability to use the funds will expire.
7. Fulcrum Grant winner(s) will not be eligible to receive this grant two years in a row.

### 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 Fulcrum 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 November 15 to be considered.

## I. Applicant's Information

Salutation:  Mr.  Ms.  Mrs.  Dr.  Other \_\_\_\_\_ Name \_\_\_\_\_

CDT  RG  RDT  DDS  DMD  Other: \_\_\_\_\_

Company \_\_\_\_\_  CDL  DAMAS

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 \_\_\_\_\_

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 Technical Experience*

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

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

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

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

## IV. Program Information

Name of Proposed Course or Program to be funded by Fulcrum Grant \_\_\_\_\_

Program Contact Person \_\_\_\_\_

NBC, ADA CERP or AGD Program Information \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

*Course Description* \_\_\_\_\_

\_\_\_\_\_

*Learning Objectives* \_\_\_\_\_

\_\_\_\_\_

## V. Other Information

*List Association/Organization Memberships* (List associations/organizations and the number of years as a member)

\_\_\_\_\_

*List Volunteer Involvement* (List services and positions on the committee or board with specific organizations and the number of years participating)

\_\_\_\_\_

*List Professional Awards* (List the awards, organization and year when award was received)

\_\_\_\_\_

## VI. Applicant's Affidavit

I understand by submitting this application, I am expressing my interest in the Foundation's Fulcrum 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: \_\_\_\_\_

## VII. 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 did you select the continuing education program submitted in this application?

Questions: Contact the Foundation for  
Dental Laboratory Technology at (866) 627-3990 or  
by email at [foundation@dentallabfoundation.org](mailto:foundation@dentallabfoundation.org).

## VIII. Checklist

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

- Completed Application
- Completed Letter of Interest
- Submitted before deadline of November 15
- Signed Application Affidavit



Mail: FDLT Fulcrum Grant  
325 John Knox Rd, Ste L-103  
Tallahassee, FL 32303  
[foundation@dentallabfoundation.org](mailto:foundation@dentallabfoundation.org)