

## 2019 Kois Center Education Grant Application

*Application Deadline: September 15, 2018*

### 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.

The Kois Center is located on the shore of Lake Union in the heart of Seattle, Washington and offers a didactic and clinical program, featuring a comprehensive Kois course curriculum of 9 courses, with the latest advances in esthetics, implant and restorative dentistry. The Kois Center uses the best and most current technology to facilitate and support the learning environment.

### GRANT OVERVIEW:

Recognizing the need for increased accessibility to higher education in dental laboratory technology, the Kois Center and the Foundation have partnered to bring you the Kois Center Education Grant.

The 2019 Kois Center Education Grant will award one (1) seat in the [Biomechanics I & II](#) course at no charge. The charge for such a course would typically retail for \$9,995; however, due to the generosity of the Kois Center, the recipient of this grant will have their tuition fee waived. Additional course information can be accessed by clicking on the link above or visiting <https://www.koiscenter.com/courses/biomechanics>.

### REQUIREMENTS:

1. In order to be eligible for this grant an applicant must be an active Recognized Graduate or Certified Dental Technician through the National Board for Certification in Dental Laboratory Technology.
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 Kois Grant Winner will not be eligible to receive this grant two years in a row.
4. The winner of the 2019 Kois Center Education Grant must be available to attend one of the following course dates and select their date within 30 days of being awarded the grant. The available dates are:
  - a. January 21-25, 2019
  - b. June 3-7, 2019
  - c. October 28 - November 1, 2019
5. The 2019 Kois Center Education Grant winner 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 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 deadline to use the grant is December 31, 2019. No extensions will be given.

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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 2019 Kois Center 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 September 15, 2018 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 the Kois Center and the Biomechanics I & II course?
- 3. How will attending this course 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 Kois Center 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 September 15, 2018

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