



# 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

### III. Legal Requirement

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

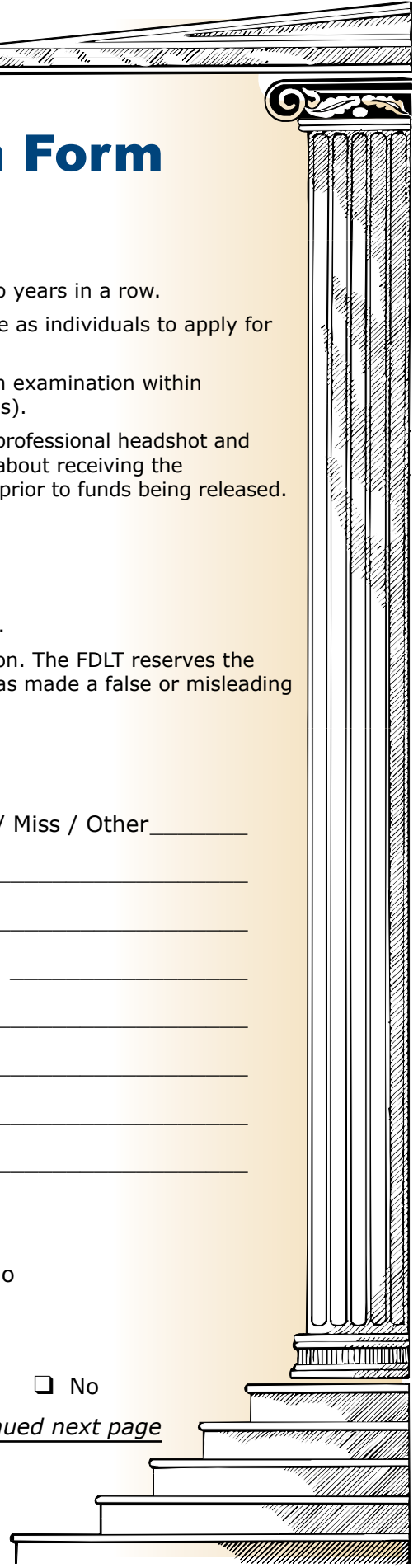
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**Return this completed form to:**

**FDLT Pillar Scholarship**

325 John Knox Road, #L103, Tallahassee, FL 32303

Phone: (866) 627-3990 Fax: (850) 222-0053





**IV. Education**

11. Did you graduate from high school?  Yes  No

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

Name of Institution	Courses or Major	Dates Attended	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V. Certification**

13. Please check the box next to the specialty you intend to get certified in as a result of the CDT Pillar Scholarship:  Complete Dentures  Partial Dentures  Crown & Bridge  Ceramics  Orthodontics  Implants

*Note: Beginning in 2019, the Foundation will award an additional \$250.00 to offset material costs for four Implant candidates (two in the spring and two in the fall) that are CDT Pillar Scholarship recipients.*

14. 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 \_\_\_\_\_

15. 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](http://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.

16. How many years have you worked in the field of dental laboratory technology? \_\_\_\_\_

17. Present employer \_\_\_\_\_



VI. Applicant's Employment, continued

18. Business address \_\_\_\_\_

19. Date of employment \_\_\_\_\_  Full-Time  Part-Time (hrs. per week \_\_\_\_\_)

20. Name and title of present supervisor \_\_\_\_\_

21. Job title and brief description of the work you do \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

24. Number of years as a dental technician: \_\_\_\_\_

25. 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 \_\_\_\_\_

26. 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

27. Specialized training/certification/other designations

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

29. 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

30. 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