



## **CDT Hardship Grant Application**

*Application Deadlines:*

Feb. 28, 2021 for March CDT renewals

May 31, 2021 for June CDT renewals

Aug. 31, 2021 for September CDT renewals

Nov. 30, 2021 for December CDT renewals

### **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.

### **Grant Overview**

COVID-19 has caused major impacts to the world we know today, including the dental laboratory technology profession. Between dental office and dental laboratory closures, and employees facing a decrease in hours as well as temporary or permanent furloughs, many have experienced a loss of income during this worldwide pandemic.

Recognizing the effects a loss of income can have, the Foundation created the CDT Hardship Grant, for 2021 only, in an effort to ensure the negative impacts of COVID-19 do not hinder the importance of maintaining the CDT designation.

As part of this grant, the Foundation will cover the annual CDT renewal fee of \$170 for a selected group of CDTs. This grant will be offered four times during 2021 – once for each CDT renewal cycle.

### **Grant Guidelines**

1. Sitting members of the NADL Board, NBC Trust, or Foundation Trust are not eligible as individuals to apply for or win the CDT Hardship Grant.
2. CDT Hardship Grant applicants are not eligible to apply for or win the CDT Hardship Grant if their CDT renewal would normally be paid for by their employer.
3. CDT Hardship Grant applicants must hold an active CDT status.
4. CDT Hardship Grant applicants must have all of their CDT continuing education on file with NBC at the time of the grant application deadline. The Foundation will check with NBC to ensure applicants have completed their continuing education requirements to verify eligibility. Applicants who are missing CDT continuing education requirements will not be considered.
5. CDT Hardship Grant applicants must document loss of income related to the dental laboratory technology profession as a result of the COVID-19 pandemic since their last CDT renewal.
6. CDT Hardship Grant recipients will not be eligible to receive this grant more than once.
7. CDT Hardship Grant recipients will not receive any cash. Cash will be provided directly to NBC for their CDT renewals.
8. CDT Hardship Grant recipients 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 and how this experience will positively impact his/her DLT career.



d. Please describe your personal hardship as it relates to loss of income since your last CDT renewal:

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**Volunteer Information**

a. Are you or your employer a member of NADL? • Yes • No  
*If yes, please provide the NADL Member #: \_\_\_\_\_*

b. Do you hold any association/organization memberships related to DLT? • Yes • No  
*If yes, please list below:*

Organization: \_\_\_\_\_ # Years: \_\_\_\_\_  
Organization: \_\_\_\_\_ # Years: \_\_\_\_\_

c. Do you volunteer with any professional organizations related to DLT? • Yes • No  
*If yes, please list below:*

Organization: \_\_\_\_\_ Positions Held: \_\_\_\_\_  
Services Provided: \_\_\_\_\_ # Years: \_\_\_\_\_  
Organization: \_\_\_\_\_ Positions Held: \_\_\_\_\_  
Services Provided: \_\_\_\_\_ # Years: \_\_\_\_\_

d. Have you previously been awarded a grant or scholarship from the Foundation? • Yes • No  
*If yes, please list below:*

Grant/Scholarship Awarded: \_\_\_\_\_ Year: \_\_\_\_\_  
Grant/Scholarship Awarded: \_\_\_\_\_ Year: \_\_\_\_\_

**Letter of Interest**

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

1. What does being a CDT mean to you?

**Applicant's Affidavit**

I affirm that all statements made by me in this application are true and correct. I understand that any falsification of information made in this application may be found cause for me to pay the funds back to the Foundation and may impact my eligibility for any additional funding from the Foundation.

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