

CDT Hardship Grant Application

Application Deadlines:

Feb. 28, 2021 for March CDT renewals

Aug. 31, 2021 for June 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.

<u>Instructions</u>

- 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 CDT Hardship Grant is awarded at the sole discretion of the Foundation Trust. The Foundation reserves the right to reject any application if the Trust 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:
 - February 28, 2021 for March CDT renewals
 - May 31, 2021 for June CDT renewals
 - August 31, 2021 for September CDT renewals
 - November 30, 2021 for December CDT renewals

Applicant's Information

| Name: | , | | | | | |
|---|--|------------------|---------------|-------------|---------------------|--|
| Mailing | Address: | | | | | |
| City: | | | State: | | o: | |
| Phone: | | | Email: | | | |
| Compa | iny: | | | | | |
| Job Tit | le: | | | | | |
| Should you be awarded this grant, do you wish to remain anonymous? • Yes • No | | | | | | |
| Certif | ication Information | | | | | |
| a. | CDT #: # Years Certified: Specialty (ies): | | | | ies): | |
| b. | b. Has your CDT certification ever lapsed? If yes, please explain when and why: | | | | | |
| | | | | | | |
| c. | CDT Renewal Cycle: | □ March | □ June | □ September | □ December | |
| d. Have you been charged with or convicted of the illegal practical of | | | | | since your last CDT | |
| | renewal? | | | | · Yes · No | |
| Loss of Income Information | | | | | | |
| a. | Employment at the time loss of income took place: | | | | | |
| b. | b. What caused the loss of income? | | | | | |
| | ☐ Decreased hourly rate or overall salary cut | | | | | |
| | \square Decreased hours | | | | | |
| | ☐ Temporary furloug | h | | | | |
| | ☐ Permanent furloug | h | | | | |
| | □ Other: | | | | | |
| c. | Date or date range th | at loss of incom | e took place: | | | |

| d. | Please describe your personal hardship as it relates to loss of income since your last CDT renewal: | | | | | |
|-----------|---|-----------------------|--|--|--|--|
| | | | | | | |
| Volun | teer Information | | | | | |
| a. | Are you or your employer a member of NADL? If yes, please provide the NADL Member #: | · Yes · No | | | | |
| b. | Do you hold any association/organization memberships related to DLT? <i>If yes, please list below:</i> | · Yes · No | | | | |
| Organi | zation: | _ # Years: | | | | |
| Organi | zation: | _ # Years: | | | | |
| C. | Do you volunteer with any professional organizations related to DLT? <i>If yes, please list below:</i> | · Yes · No | | | | |
| Organi | zation: Positions Held: | | | | | |
| Service | es Provided: | _ # Years: | | | | |
| Organi | zation: Positions Held: | | | | | |
| Service | es Provided: | _ # Years: | | | | |
| d. | Have you previously been awarded a grant or scholarship from the Found If yes, please list below: | dation? • Yes • No | | | | |
| Grant/ | Scholarship Awarded: | _ Year: | | | | |
| Grant/ | Scholarship Awarded: | _ Year: | | | | |
| On an | of Interest attached sheet, please compose one typewritten page in response to the f What does being a CDT mean to you? | ollowing question: | | | | |
| 1. | what does being a CD1 mean to you? | | | | | |
| I affirm | cant's Affidavit in that all statements made by me in this application are true and correct. I ation of information made in this application may be found cause for me to undation and may impact my eligibility for any additional funding from the | pay the funds back to | | | | |
| | rstand by submitting this application, I am expressing my interest in the Fo and that submitting this application does not guarantee I will be awarded t | • | | | | |
| | rstand the Foundation reserves the right to determine the grant winners at should I be selected, I will comply with the grant parameters as set fort | - | | | | |
| all of th | rstand that by submitting this application, I am giving permission for the lessing in the information contained in my letter of interest, or in my written or video test the marketing channels. | · | | | | |

Applicant Signature: ______ Date: _____