



SCDL Business Enterprise Education Grant

Application Deadline: June 15th

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. Each year the Foundation provides financial support, in the form of grants, to various qualifying organizations.

GRANT OVERVIEW

Upon the dissolution of the Southeastern Conference of Dental Laboratories (SCDL), the SCDL Board of Directors voted to contribute all remaining organizational assets to the Foundation. With this generous donation, the Foundation launched the SCDL Business Enterprise Education Grant.

The SCDL Business Enterprise Education Grant will award two individuals up to \$2,500 to supplement expenses related to business management continuing education the recipients wish to attend (i.e. NADL University, Chamber Courses, Finance Courses, etc.).

GUIDELINES/REQUIREMENTS

- SCDL Business Enterprise Education Grant recipients will be awarded up to \$2,500 to supplement expenses related to business management continuing education the recipients wish to attend.
- 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.
- SCDL Business Enterprise Education Grant funds will be provided directly to the course provider or reimbursed to the recipient upon proof of payment.
- SCDL Business Enterprise Education Grant recipients will be responsible for their own travel/accommodations.
- SCDL Business Enterprise Education 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 their DLT career.
- SCDL Business Enterprise Education Grant recipients will not be eligible to receive this grant two years in a row.
- SCDL Business Enterprise Education Grant applications must be received by June 15th and funds must be used within one year. After that time, the ability to use the SCDL Business Enterprise Education Grant funds will expire. No extensions will be given.

The Foundation for Dental Laboratory Technology

SCDL Business Enterprise Education Grant Application

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 SCDL Business Enterprise Education 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 June 15th to be considered.

I. Applicant's Information

Mr. Ms. Mrs. Dr. Other _____

Name: _____ CDT RG RDT DDS DMD Other: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company: _____

Is your company a member of the NADL? YES NO

If yes, please indicate the NADL member #: _____

II. Certification Information

a. Are you an active CDT/RG? YES NO

If yes, please indicate your CDT/RG #: _____

b. Do you have any other certifications or specialty trainings related to DLT? YES NO

If yes, please list below:

Other Certifications/Specialty Training: _____ Date Conferred: _____

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Other Certifications/Specialty Training: _____ Date Conferred: _____

III. Education

Please list all post-secondary education and degree(s) earned:

Institution: _____ Degree/Major: _____ Date Conferred: _____

Institution: _____ Degree/Major: _____ Date Conferred: _____

Institution: _____ Degree/Major: _____ Date Conferred: _____

IV. Business Management Experience

Please list all business management experience:

Company: _____ Position: _____ Dates: _____

Company: _____ Position: _____ Dates: _____

Company: _____ Position: _____ Dates: _____

V. Course Information

Proposed Course or Program to be funded by grant funds: _____

Program Contact Person: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____

Course Description: _____

Learning Objectives: _____

VI. Other Information

a. Do you hold any other association/organization memberships? YES NO

If yes, please list below:

Organization: _____ # Years: _____

Organization: _____ # Years: _____

b. Do you volunteer with any professional organizations? YES NO

If yes, please list below:

Organization: _____ Positions Held: _____

Services Provided: _____ # Years: _____

Organization: _____ Positions Held: _____

Services Provided: _____ # Years: _____

c. Have you received any professional awards over the past five years? YES NO

If yes, please list below:

Award Title: _____ Organization: _____ Year: _____

Award Title: _____ Organization: _____ Year: _____

VII. Letter of Interest

On an attached sheet, please compose one typewritten page explaining:

1. Why continuing education and lifelong learning is important to you.
2. Why you selected the continuing education program submitted in this application.
3. How this course will positively impact your DLT career.

VIII. Applicant's Affidavit

I understand that by submitting this application, I am expressing my interest in the Foundation's SCDL Business Enterprise 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: _____

Questions? Contact Lindsey Rowan at (866) 627-3990 or by email at foundation@dentallabfoundation.org