



## Dawson Academy Education Grant

**Application Deadline: February 28, 2022**

### 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 Dawson Academy, located in St. Petersburg, Florida, provides dental courses that for decades have proven to be the foundation for the successful practice of complete, predictable dentistry. The Academy teaches their students the essential principles and skills for complete care with primary concentrations in dental occlusion, the temporomandibular joints and comprehensive esthetic restorative dentistry.

### GRANT OVERVIEW:

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

The Dawson Academy Education Grant will award **six technicians** a seat in the cornerstone course of The Dawson Academy curriculum: *Functional Occlusion – from TMJ to Smile Design*. This will consist of **four virtual seats** (retail \$799 each) and **two in-person seats** (retail \$1,995 each). Due to the generosity of The Dawson Academy, the recipients of this grant will have their tuition fee waived.

In this course, the 10 factors of occlusion will be presented: TMJ, Centric Relation, Vertical Dimension, Neutral Zone, Occlusal Plane, Anterior Guidance, Role of Muscle, Envelope of Function, Long Centric, and Occlusal Contacts. Additional course information can be accessed by [clicking here](#).

### REQUIREMENTS:

1. 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.
2. The recipients of The Dawson Academy Education Grant must be available to attend one of the following course dates. Registration is on a first come, first served basis.
  - Live Stream | May 6-7, 2022
  - In-Person\* | October 21-22, 2022 | South Point Hotel & Casino | Las Vegas, NV

*\*Grant recipients are responsible for all travel and accommodations.*
3. 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, attending the course, and how this experience will positively impact his/her DLT career.
4. 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.
5. The deadline to use the grant is March 01, 2023. 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 Dawson Academy 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 February 28th 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 Dawson Academy and the *Functional Occlusion – from TMJ to Smile Design* course?
3. How will attending this course impact your dental laboratory technology career?
4. As a dental technician, how do you demonstrate your desire to partner with dentists on complex cases with a correct occlusal design?

**VII. Applicant’s Affidavit**

I understand by submitting this application, I am expressing my interest in the Foundation’s Dawson Academy 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 February 28th

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