



CDT Hardship Grant Application

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

The Foundation originally created the CDT Hardship Grant for 2021 only, in an effort to ensure the negative impacts of COVID-19 did not hinder the importance of maintaining the CDT designation. This grant has expanded from its original use to include all documented hardships (not just COVID-19 related hardships), and RGs and RETs (not just CDTs).

As part of the CDT Hardship Grant, the Foundation will cover the annual renewal fee for a selected group of CDTs/RGs/RETs experiencing a hardship.

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 renewal would normally be paid for by their employer.
3. CDT Hardship Grant applicants must hold an active CDT/RG/RET status.
4. CDT Hardship Grant applicants must have all of their CDT/RG 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/RG continuing education requirements will not be considered.
5. CDT Hardship Grant applicants must document a hardship they have been experiencing since their last 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 renewal.
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.

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 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.

Applicant’s Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company: _____

Job Title: _____

Should you be awarded this grant, do you wish to remain anonymous? • Yes • No

Certification Information

a. CDT/RG/RET #: _____ # Years Certified: _____ Specialty (ies): _____

b. Has your CDT/RG certification ever lapsed? • Yes • No
If yes, please explain when and why: _____

c. Renewal Cycle: March June September December

d. Have you been charged with or convicted of the illegal practical of dentistry since your last renewal? • Yes • No

Hardship Information

a. Employment at the time hardship took place: _____

b. Date or date range that hardship took place: _____

c. Please describe your personal hardship and how it has impacted your certification (*note: this information will be kept confidential*): _____

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/RG 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: _____