



## **SCDL Business Enterprise Education Grant**

***Application Deadline: June 15<sup>th</sup>***

### **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.). Effective 2023, grant recipients can also use the funds to cover travel expenses including lodging, coach airfare, and transportation expenses upon proof of receipt.

### **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 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 15<sup>th</sup> 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 15<sup>th</sup> 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: \_\_\_\_\_

Other Certifications/Specialty Training: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

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](mailto:foundation@dentallabfoundation.org)