



## **PTC John Ness Memorial Education Grant**

***APPLICATION DEADLINE: April 15th***

### **BACKGROUND:**

The Foundation for Dental Laboratory Technology (Foundation) is a non-profit 501(c)(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.

Productivity Training Center (PTC), teaches dental technician courses that use proven learning systems to help new and existing technicians quickly improve their technical ability. These courses are unique as technicians will not only increase their productivity and quality of work, but they also leave with reference materials and tools to reinforce what they have learned.

### **GRANT OVERVIEW:**

Recognizing the need for increased accessibility to fundamental education in dental laboratory technology, PTC and the Foundation for Dental Laboratory Technology have partnered to bring you the PTC John Ness Memorial Education Grant.

The PTC John Ness Memorial Education Grant will award two recipients a PTC Ness Academy Hands on Course at no charge. The charge for such a course would typically retail for \$3,000; however, due to the generosity of PTC, the recipients of this grant will have their tuition fee waived. Selected grant recipients will be able to select a course of their choice. All course information and dates can be found [HERE \(https://ptc-dental.com/seminars.php\)](https://ptc-dental.com/seminars.php).

### **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. PTC John Ness Memorial Education Grant winners are not eligible to receive this grant two years in a row.
3. Two winners will be selected from the pool of eligible applicants to attend one of the PTC Ness Academy Hands on Courses. Courses must be taken during scheduled PTC dates at PTC headquarters.
4. PTC John Ness Memorial Education Grant winners will be responsible for their own travel and accommodations.
5. The PTC John Ness Memorial Education Grant winners must provide models for all courses, and frameworks for ceramic courses (6 unit anterior and 4 unit posterior).
6. The PTC John Ness Memorial Education Grant winners will be required to provide the Foundation with 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, prior to funds being released.
7. 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.
8. The deadline to use the grant is June 30, 2025. No extensions will be given.

**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 PTC John Ness Memorial Education Grant is awarded at the sole discretion of the Foundation Trust. The Foundation Trust 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 April 15th to be considered.

**I. Applicant's Information**

Applicant's Name: \_\_\_\_\_ NADL Member #: \_\_\_\_\_  
Organization: \_\_\_\_\_  
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 one of the PTC courses?
3. How will attending this course impact your dental laboratory technology career?

## VII. Applicant's Affidavit

I understand by submitting this application, I am expressing my interest in the Foundation's PTC John Ness Memorial 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 April 15<sup>th</sup>

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