



NADL Vision 21 Grant Application

Application Deadline: October 15, 2024

Recipients will be notified by November 15, 2024

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.

GRANT OVERVIEW:

Recognizing the need for increased accessibility to higher education in dental laboratory technology, the Foundation is proud to announce that the NADL Vision 21 Grant will return for 2025.

The NADL Vision 21 Grant will cover tuition for a select group of individuals to attend the NADL Vision 21 Meeting in 2025. The cost to sign up for this meeting would typically be around \$700; however, grant recipients will have their registration fee covered by the Foundation.

Vision 21 has proven attendance from the top laboratory owners and technicians in the country. Laboratory owners and managers that attend the NADL Vision 21 Meeting are consistently advancing their businesses toward positive change for the industry as a whole. For detailed information on the NADL Vision 21 Meeting, please [click here](#).

REQUIREMENTS:

1. Sitting members of the NADL Board, NBC Trust, or Foundation Trust are not eligible as individuals to apply for or win grants/scholarships offered through the Foundation.
2. Applicants must be employed by a dental laboratory. Suppliers/vendors are not eligible to apply for or win the NADL Vision 21 Grant.
3. The grant must be used for the 2025 NADL Vision 21 Meeting and may not be carried forward.
4. The recipients must be available to attend the full meeting on January 16 - 18, 2025 in Las Vegas, NV. This grant may not be utilized for partial registration.
5. The recipients will be responsible for their own travel and accommodations.
6. The recipients will be required to provide the Foundation with a headshot and testimonial (web video submission or typed submission on letterhead paper) about receiving the grant, attending the meeting, and how this experience will positively impact their DLT career.
7. Funds will be provided directly to NADL, unless the individual(s) has already paid for their registration, in which case the individual(s) awarded the grant will be reimbursed.
8. The recipients must register for the NADL Vision 21 meeting by December 15, 2024.
9. The recipients will not be eligible to receive this grant two years in a row.

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The Foundation for Dental Laboratory Technology
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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 NADL Vision 21 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) NADL Vision 21 Grant Applications must be received by October 15, 2024 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: _____

Are you or is your company a member of 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: _____

Other Certifications/Specialty Training: _____ Date: _____

Other Certifications/Specialty Training: _____ Date: _____

III. Education

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

Institution: _____ Degree/Major: _____ Date: _____

Institution: _____ Degree/Major: _____ Date: _____

Institution: _____ Degree/Major: _____ Date: _____

IV. Relevant Experience

Please list all relevant experience (DLT or leadership/management experience):

Company: _____ Position: _____ Dates: _____

Company: _____ Position: _____ Dates: _____

Company: _____ Position: _____ Dates: _____

