



## **NADL Vision 21 Grant Application**

***Application Deadline: October 15, 2025***

### **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 the launch of the NADL Vision 21 Grant.

The NADL Vision 21 Grant will cover tuition for five individuals to attend the NADL Vision 21 Meeting in 2026. The cost to attend this meeting would typically be \$675; however, grant recipients will have their tuition 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 2026 NADL Vision 21 Meeting and may not be carried forward.
4. The recipients must be available to attend the full meeting in 2026 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 January 9, 2026.
9. The recipients will not be eligible to receive this grant two years in a row.

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**V. 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: \_\_\_\_\_ Date: \_\_\_\_\_  
Award Title: \_\_\_\_\_ Organization: \_\_\_\_\_ Date: \_\_\_\_\_

**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 NADL Vision 21 Meeting?
3. How will attending this meeting impact your dental laboratory technology career?

**VII. Applicant's Affidavit**

I understand that by submitting this application, I am expressing my interest in the Foundation's NADL Vision 21 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)