



**Spear Education Grant**  
***Application Deadline: July 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.

Spear Education, located in Scottsdale, AZ, brings you dentistry's most transformative learning through lectures and seminars, hands-on workshops, online education, patient education, team education and study clubs.

**GRANT OVERVIEW:**

Recognizing the need for increased accessibility to higher education in dental laboratory technology, Spear and the Foundation have partnered to bring you the Spear Education Grant.

The Spear Education Grant will award two in-person seminars at Spear's Scottsdale, Arizona campus and five Spear Online Memberships at no cost. The cost for a Spear seminar would typically be \$995 per seat, and the cost for a Spear Online Membership would be \$2,748; however, due to Spear's generosity, these fees are waived for grant recipients.

Spear two-day, in-person, seminars provide solid, fundamental concepts, systematic treatment planning, and proven steps for achieving predictable clinical results. There are multiple seminars to choose from, including Treating the Terminal Dentition and the Fully Edentulous Patient, Occlusion in Everyday Practice, and Treating the Worn Dentition. Visit [www.speareducation.com/seminars](http://www.speareducation.com/seminars) for a list of available in-person seminars.

With a Spear Online Membership, you gain 24/7 access to clinician education, team training, Spear Patient Education chairside and lobby videos, and more.

**REQUIREMENTS:**

1. To be eligible for this grant, an applicant must be actively working in the dental laboratory technology profession.
2. 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.
3. Spear Education Grant winner(s) must attend the seminar/join within one year of being awarded the grant. No extensions will be given.
4. Spear Education Grant in-person seminar winner(s) will be responsible for their own travel and accommodations to and from Spear's Scottsdale Campus.
5. Spear Education Grant winner(s) 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 course, and how this experience will positively impact his/her DLT career, prior to funds being released.
6. 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.
7. Spear Education Grant winner(s) are not eligible to receive this grant two years in a row.

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## 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 Spear Education 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. Applications must be received at the Foundation office by July 15<sup>th</sup> to be considered.

### I. Applicant's Information

Applicant's Name: \_\_\_\_\_ NADL Member #: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

What is your preferred use of the Spear Education Grant:

- ☐ Attend a Spear Educational Seminar
- ☐ Join Spear Online Membership
- ☐ Either

### 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 Spear seminar courses?
3. How will attending this seminar 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 Spear 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 July 15<sup>th</sup>

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