



## **Leadership Development Grant Application**

***Application Deadline: March 15, 2026***

### **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 education and leadership guidance, the Foundation is proud to announce the launch of the Leadership Development Grant.

The Leadership Development Grant will cover tuition for three individuals to attend the NADL Leadership Development Series in 2026. Grant recipients will have their tuition fee covered by the Foundation.

NADL has collaborated with Melissa Laughon of Catch Your Limit Consulting to create the NADL Leadership Development Series. This series will cover a variety of topics over a five-week series, which will strengthen leader's confidence and will also equip leaders with the tools they need to create a culture of engagement, where team members are confident with their skills and eager to contribute. Topics will include communication strategies, leadership styles, creativity tools for innovation, and methods for constructive conflict. For detailed information on the Leadership Development Workshop, 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 work in the field of dental laboratory technology. Suppliers/vendors are not eligible to apply for or win the Leadership Development Grant.
3. The grant must be used for the 2026 NADL Leadership Development Series and may not be carried forward.
4. The recipients must be available to attend the meeting virtually on dates to be determined.
5. 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.
6. Funds will be provided directly to NADL and not to the individuals awarded the grant.
7. The recipients must submit a NADL Leadership Development Series application by March 28, 2026.
8. 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

## Leadership Development 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 Leadership Development 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 by March 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: \_\_\_\_\_

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: \_\_\_\_\_

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Institution: \_\_\_\_\_ Degree/Major: \_\_\_\_\_ Date: \_\_\_\_\_

### IV. Relevant Experience

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

Company: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

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Company: \_\_\_\_\_ Position: \_\_\_\_\_ Dates: \_\_\_\_\_

## 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: \_\_\_\_\_

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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 Leadership Development Workshop?
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 Leadership Development 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)