

**NCDLA/WILLIAM L. RODGERS EDUCATIONAL SCHOLARSHIP GUIDELINES**  
**Sponsored by the N.C. Dental Laboratory Association, Inc.**

This scholarship has been established by the NC Dental Laboratory Association, Inc. (NCDLA).

The purpose of this scholarship is to provide assistance and encouragement to a worthy student in the Associate Degree Dental Laboratory Technology curriculum at Durham Technical Community College in Durham, NC.

This scholarship is valued at \$1750 and may be presented annually. This award shall be presented at the NCDLA Spring Educational Meeting held annually at a location as determined by the Board of Directors. The NCDLA will provide a plaque to commemorate the occasion and a check made payable to the school shall be presented as part of the award. The funds shall be deposited by the school and made available to the student as needed to pay for materials and tuition required to complete the program. If the recipient should decide to leave the DTCC program, the remaining funds will be retained by DTCC to fund additional scholarships. If funds should be remaining when the student successfully completes the program, the remaining funds shall be paid to the student by the school.

This scholarship is named in honor of “Chief” William L. “Bill” Rodgers, CDT, retired Program Director of the DTCC Dental Laboratory Technology Program, in recognition and appreciation of his outstanding contributions in the education of dental laboratory technicians. As much as possible, the NCDLA would like to request that Bill be invited to participate in presentation of this award as well as the NCDLA President (or designated representative).

**ELIGIBILITY CRITERIA**

1. Must be a student enrolled full time in the Associate Degree Dental Laboratory Technology program at DTCC in Durham, NC.
2. Student must have successfully completed the first semester of the required courses for the Associate Degree Dental Laboratory Technology.
3. Student must maintain a grade point average of 3.0 or higher throughout the curriculum. (If the recipient does not maintain this minimum standard, the scholarship may be withdrawn.)
4. Student must demonstrate some financial need.
5. Student should exhibit perseverance and commitment in reaching personal career goals.

This scholarship shall be awarded to a student without regard to race, sex, marital status, age or national origin. The scholarship recipient shall be selected from a group of applicants meeting the above criteria. Selection may be based on written application and a personal interview by NCDLA representatives.

**GUIDELINES**

1. Scholarship application must be completed in a timely manner and any attachments provided on the application.
2. A committee appointed by the NCDLA President will review applications and conduct personal interviews (if applicable). This committee shall select the recipient based on the criteria as listed above.
3. The DTCC Program Director shall be notified of the selection.
4. The NCDLA shall network with the school to provide publicity for this scholarship.



# NCDLA / WILLIAM L. RODGERS, CDT EDUCATIONAL SCHOLARSHIP

## OFFICIAL SCHOLARSHIP APPLICATION FORM

*(Please complete both sides of this application and attach a current photograph of yourself - preferably color.)*

### **GENERAL INFORMATION**

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

Phone: (        ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of Dependents (other than yourself): \_\_\_\_\_ Relationship: \_\_\_\_\_

### **EDUCATION**

Please list all educational institutions attended beginning with high school.  
*Attach additional sheet if needed.*

School: \_\_\_\_\_

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

Dates: from \_\_\_\_\_ to \_\_\_\_\_ Degree or Diploma: \_\_\_\_\_

School: \_\_\_\_\_

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

Dates: from \_\_\_\_\_ to \_\_\_\_\_ Degree or Diploma: \_\_\_\_\_

School: \_\_\_\_\_

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

Dates: from \_\_\_\_\_ to \_\_\_\_\_ Degree or Diploma: \_\_\_\_\_

Please list any academic honors, awards, prizes or scholarships you received.

\_\_\_\_\_  
\_\_\_\_\_

Please list any school activities in which you participated.

\_\_\_\_\_  
\_\_\_\_\_

Please list any extracurricular or community activities in which you participated – past or present.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list chronologically all employment, including military service. Please include employer name, address, your position, dates of employment and salary.

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### **PERSONAL STATEMENT**

In 200 words or less, please state why you would like to be a dental laboratory technician and your plans after graduation. **Use a separate sheet of paper.**

### **FINANCIAL NEED ASSESSMENT**

Other than school expenses, such as tuition, books and supplies, please list additional expenses and indicate if these are monthly, quarterly, etc.

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Please list any financial assistance you are receiving. Please include loans, grants, other scholarships, and wages from employment. Please indicate if this assistance is monthly, quarterly, etc.

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### **GRADE POINT AVERAGE**

Please list your current GPA: \_\_\_\_\_

### **ADDITIONAL INFORMATION**

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*I understand this scholarship, provided by the N.C. Dental Laboratory Association, Inc., shall be administered under stated guidelines and that I must meet eligibility criteria as outlined by the NCDLA. I further understand that if I terminate the program prematurely, I forfeit any remaining funds. I also give permission for my education records to be accessed for the sole purpose of determining my eligibility to receive the NCDLA / William L. Rodgers, CDT Educational Scholarship.*

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_