

Liz Koch Memorial Scholarship

Overview

Applications will be accepted online through <https://danb-dale.scholarshipsplatform.com/>. Applications must be received by **11:59 p.m. CT on May 17, 2024**.

Please read the application steps on page 2. We recommend that you prepare your responses before beginning your application.

Purpose

The Liz Koch Memorial Scholarship was established to help aspiring and current dental professionals advance their continuing education and achieve their career goals. The scholarship is open to all dental assistants, DANB certificants, and other oral healthcare professionals. Scholarship recipients will each receive between \$250 and \$1,000. The committee will determine the amount awarded to each recipient.

Eligibility

To apply, you must be eligible in one of two categories:

Category 1

- Currently DANB certified for at least two years
- At least 18 years old

Category 2

- Not DANB certified or certified for less than two years
- At least 16 years old

Current employees or family members of current employees of the DALE Foundation or DANB; or current members or family members of the DALE Foundation Board of Trustees, DANB Board of Directors, or Liz Koch Memorial Scholarship Committee are not eligible.

Evaluation

Applicants will be evaluated on the quality of their professional development plans, their commitment to lifelong learning, and their dedication to promoting oral health or oral healthcare professions.

Diversity, Equity and Inclusion

The DALE Foundation actively seeks to award scholarship funds to dental professionals from a wide range of backgrounds and experiences, as well as gender, age, race and ethnicity. We are committed to fair and equitable access and opportunity for all.

How to Apply

Please read through the steps below. We recommend you prepare your responses before beginning the application. You can save your application and come back to it at a later time.

Create your account.

Go to <https://danb-dale.scholarshipsplatform.com/> to create your account.

You will receive a verification email to confirm your account. You can then start your application.

Enter your information.

Select the category under which you are applying. Then, you will be taken to a screen to fill in your name, contact information, and optional demographic information.

Provide your professional development plans.

You will need to answer two questions related to your career background and future plans. We recommend you prepare your responses before beginning the application.

- Describe your background and journey to working in oral healthcare. (250-500 words)
- Describe your plan for professional development. (250-500 words)

Use of Funds

Provide information about how you intend to use the scholarship. Scholarship funds may be used for professional development activities such as dental programs, courses, conferences, credentials, DANB exams or certifications, mentorship programs, or programs that promote oral health or oral healthcare careers.

- How do you intend to use the scholarship funds?

Letters of Recommendation

Provide two letters of recommendation from dental professionals (educator, employer, colleague, etc.). Upload the files as a .doc, .docx, or .pdf. The individuals writing your letters should specify their recommendation is for the Liz Koch Memorial Scholarship and their letters should address the following:

- What is your relationship to the applicant?
- How long have you known or worked with the applicant?
- How would you describe the applicant's career development progress?
- Why do you believe the applicant should receive the scholarship?

Submit the application.

Confirm that you will abide by the scholarship agreement and submit your application. You must complete all required fields and submit by the scholarship deadline of **11:59 p.m. CT on May 17, 2024.**

Use of Scholarship Funds

Scholarship funds can be used for professional development activities intended to advance the recipients' knowledge, skills or abilities in the oral healthcare profession. Activities should be completed or purchased between Jan. 1 and Dec. 31, 2024. Examples of use of scholarship funds include:

- DANB exam application fees
 - **Details required:** Exam name and amount
- DANB certification renewal fee
 - **Details required:** Certification name and renewal fee amount
- DANB certification reinstatement fee
 - **Details required:** Certification name and reinstatement fee amount
- Continuing education courses from any ADA CERP, AGD PACE, SHRM or AADOM-approved CE sponsor/provider
 - **Details required:** Course provider name, course title, description, number of CE credits, fee, location and dates (if available)
- Registration for any state, regional or national dental conference
 - **Details required:** Conference name, location, dates, fees, and an agenda or summary of courses (if available)
- Enrollment in college courses at an institution accredited by an agency recognized by the U.S. Department of Education.
 - **Details required:** Name of the educational institution, the name of the course or program, and a description (if available)
- Establishing or working with an established mentoring program
 - **Details required:** Description of a mentoring program you have developed or are working with that promotes oral healthcare or the oral healthcare professions and the related costs
- Open category, to be defined by applicant, if professional development activities do not fit into the options described above

Scholarship Agreement

I attest that I have not been convicted of, pled guilty or no contest to, a felony or any crime punishable by the confinement in a state or federal prison for any length of time, nor have I been investigated or received disciplinary action by a professional regulatory board, certifying or examination agency, educational institution, or other professional body. I promise to use the scholarship funds for the purposes outlined in my scholarship application within the designated timeframe. I agree to verify my use of scholarship funds upon request. I have read and understand the "Use of Scholarship Funds" section. I understand that if I fail to comply with the terms of the Scholarship Agreement, the Liz Koch Memorial Scholarship will be regarded as an interest-bearing loan and is to be repaid to DANB and/or the DALE Foundation. Interest will be calculated at the U.S. prime rate on the date the Scholarship Committee first determines that repayment is required. If required, repayment must be made by a date to be determined by the Scholarship Committee on a case-by-case basis. I agree to abide by DANB's Code of Professional Conduct. I agree to allow my name, photo and statements submitted in the scholarship application to be used in scholarship- and marketing-related communications from DANB and the DALE Foundation.