

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 5, 2025**.

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

All dental assistants, students, and other dental professionals are eligible. There are two categories:

- Category 1: Less than 3 years of dental work experience (includes students)
- Category 2: Three or more years of dental work experience

Current DANB or DALE Foundation employees, board directors, scholarship committee members or any of their family members are not eligible. Prior scholarship recipients 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.

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.

Visit <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. See p. 3 for details.

- How do you intend to use the scholarship funds?
- Provide documentation for use of funds (proof of payment or enrollment, program/course name and fees, etc.)

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 5, 2025.**

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, 2025. 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
 - **Details required:** Proof of payment or enrollment, course provider name, course title, description, number of CE credits, fee, location and dates
- Dental conference
 - **Details required:** Proof of payment or enrollment, conference name, location, dates, and fees
- College courses
 - **Details required:** Proof of payment or enrollment, name of the educational institution, the name of the course or program, dates and fees
- 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

Scholarship Agreement

- 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.