DELTA DENTAL FUND

Dental Master's Thesis Award Program

Call for Submissions

he Delta Dental Fund (DDF) invites Master of Science students at the dental schools in Michigan, Ohio and Indiana to submit proposals for the Dental Master's Thesis Award Program. This program is intended to encourage thesis research that is of direct relevance to the costs or outcomes of dental care.

The Dental Master's Thesis Award offers up to \$3,000 to cover costs associated with the conduct of master's thesis research. Applications may be submitted at any time.

- These funds can cover materials, supplies and rental of necessary equipment
- Salaries, wages, indirect costs and the purchase of equipment will not be covered
- A detailed budget with justification for expenditures is required
- Partial funding may be approved, dependent on reasonableness of the budget and availability of funds
- A copy of the final thesis must be provided to DDF upon its completion.

How to apply:

- 1. Complete the Grant Application and prepare the following information:
 - A proposal, no longer than three pages, that includes a description of the proposed project, starting with a one-paragraph project summary. Justification of sample size, including power calculations, should be included.
 - b. A budget, listing all expenses to be covered by these funds, with justification for each major category.
 - c. If human subjects are to be involved, enclose a copy of the Human Subjects Review Committee approval.
 - d. A letter of endorsement from the thesis committee chair. This letter should acknowledge that the proposed research has been evaluated for scientific merit and has been approved as the basis for the master's thesis.
- 2. Submit all of this information to:

Dental Master's Thesis Award Program Delta Dental Fund P.O. Box 293 Okemos, MI 48805

For more information, contact the Delta Dental Fund at 517-347-5333 (voice), 517-347-5320 (fax) or ddfund@ddpmi.com (e-mail address).

About the Award Sponsor:

The Delta Dental Fund is the philanthropic affiliate of the Delta Dental Plans of Michigan, Ohio and Indiana. Its purpose is to fund educational and research projects in dentistry and to promote the oral health of the public.

DELTA DENTAL FUND

Dental Master's Thesis Award Program Grant Application

(please type)

Applicant

Name
Home phone
Office phone
Address
City, State, ZIP Code
E-mail address
University
School, Department and Program
Project Title
Thesis advisor
Name
Home phone
Office phone
Address
City, State, ZIP Code

E-mail address

Expected graduation date _____

Enclosure checklist:

- Copy of full proposal (maximum 3 pages)
- Detailed budget (purchase of reusable instruments and equipment will not be funded)
- Letter of faculty endorsement from thesis advisor
- Copy of Human Subjects
 Review Committee approval
- Updates of Human Subjects approval and any protocol revisions must be submitted to the Delta Dental Fund.

Please send this form and other material to:

Dental Master's Thesis Award Program Delta Dental Fund P.O. Box 293 Okemos, MI 48805

For more information, contact Delta Dental Fund at:

517-347-5333 (voice) 517-347-5320 (fax) ddfund@ddpmi.com (e-mail)