

# DELTA DENTAL FOUNDATION

An affiliate of Delta Dental of Michigan, Ohio, and Indiana



## Dental Master's Thesis AWARD PROGRAM

### Call for Submissions

The Delta Dental Foundation (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. 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 Foundation**  
**P.O. Box 293**  
**Okemos, MI 48805-0293**

For more information, contact the Delta Dental Foundation at 517-347-5333 (voice), 517-347-5320 (fax) or [DeltaDentalFund@deltadentalmi.com](mailto:DeltaDentalFund@deltadentalmi.com) (e-mail address).

### About the Award Sponsor:

The Delta Dental Foundation is the philanthropic affiliate of Delta Dental 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 FOUNDATION

## 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 \_\_\_\_\_

Total cost of project \$ \_\_\_\_\_ Amount Requested \$

### 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 Foundation.

### Please send this form and other material to:

Dental Master's Thesis  
Award Program  
Delta Dental Foundation  
P.O. Box 293  
Okemos, MI 48805-0293

### For more information, contact Delta Dental Foundation at:

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