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 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.
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:
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Delta Dental Fund
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Okemos, MI 48805

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