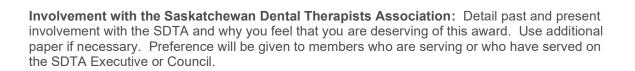


## **Saskatchewan Dental Therapists Association**

\$500.00 Professional and Personal Development Grant

Name:		
Address:		
Telephone:	Home:	Business:
Type of program for which you are seeking this grant: Please include proper documentation		

i.e. copy of registration, tuition receipt, transcript of marks, etc. Please include a detailed description of the program, conference, workshop, etc. that you have attended. Use additional paper if necessary.



Deadline for Application:April 15, 2024Mail completed application to:Sarah Griffin

Sarah Griffin Email: <u>sarah 5366@hotmail.com</u>

submit