



Saskatchewan Dental Therapists Association

\$500.00 Professional Development Grant

Name: _____

Address: _____

Telephone: _____ email address: _____

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.

Involvement with the Saskatchewan Dental Therapists Association: Detail past and present involvement with the SDTA and why you feel that you are deserving of this award. Use additional paper if necessary. Preference will be given to members who are serving or who have served on the SDTA Executive or Council.

Deadline for Application: April 10, 2026

Mail completed application to:
Mandy Rushfeldt
SDTA Professional Development Committee Chair
Mail: PO BOX 1426
Carlyle SK S0C 0R0
Email: m_rushfeldt@hotmail.com