



P.O. Box 2195 ☐ Ellicott City, MD 21041-2195 • (301) 639-7592 ☐
www.MyMDHA.com

Maryland Dental Hygienists' Association

December 14, 2020

Dear Students,

Every year the Maryland Dental Hygienists' Association awards a monetary scholarship in the name of Bertha Morgan, founder and first President of MDHA. One scholarship will be presented to a deserving student meeting the following criteria:

1. U.S. Citizen
2. Resident of Maryland for at least three years
3. GPA of 3.0-4.0 in the dental hygiene program
4. Financial need
5. S.A.D.H.A. member
6. Has completed one year in a dental hygiene curriculum by May of the scholarship year
7. Plan to practice and reside in Maryland after graduation

To apply for the Bertha Morgan Scholarship, you must:

1. Complete the application form as directed to its entirety.
2. Have a letter of recommendation from a full-time faculty member that includes verification of your grade point average on official letterhead, and in a signed envelope.
3. Have a letter of recommendation from a person other than a family member, not related to you, and in a signed envelope.
4. Complete an interview with the scholarship committee if requested.

Factors that will be considered by the committee are:

1. Character
2. Service

3. Leadership

You may download the application from the Maryland Dental Hygienists' Association website www.mymdha.com, under the "Education" tab.

Completed applications and letters of recommendation must be post marked by March 15, 2021.

Mail applications to:

Sabrina Dziwulski
MDHA Awards & Scholarship Chairperson
16360 Frederick Road
Woodbine, MD 21797

If you have questions, please contact me at Sabrina.Dziwulski@gmail.com

Respectfully,

Sabrina Dziwulski, RDH, BS

MARYLAND DENTAL HYGIENISTS' ASSOCIATION
BERTHA MORGAN, R.D.H. SCHOLARSHIP APPLICATION

Deadline March 15, 2021

You may handwrite the following information:

Name _____ Date of Birth _____

Address _____ Phone (school) _____

_____ Phone (home) _____

Dental Hygiene School: _____

Gender: _____

Email: _____

1st year dental hygiene student 2nd year dental hygiene student

Grade point average in the Dental Hygiene Curriculum: _____

U.S. Citizen: _____

Resident of Maryland for how many years? _____

S.A.D.H.A. Member (y/n): _____

Marital Status: _____

Number of dependents: _____

Schools attended beyond high school:

Name	Address	Years	Degree
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Extra-Curricular Activities

Indicate Offices Held

_____	_____
_____	_____
_____	_____

Have you applied for financial assistance before? _____

If yes, explain: _____

Would you look for other assistance if you don't receive this award? _____

Who provides the major part of your financial support? _____

Occupation of the person providing this support: _____

Relationship of person(s) or sponsor if support is provided: _____

ALL INFORMATION IS HELD CONFIDENTIAL

Income per household:

- Below \$10,000 \$30,000-\$40,000
 \$10,000-\$20,000 \$40,000-\$50,000
 \$20,000-\$30,000 Above \$50,000

Number of people in family: _____

If employed, number of hours worked per week: _____

Please submit **typed** responses to the following:

- 1) State briefly why you are applying for this scholarship.
- 2) What attracted you to a career in Dental Hygiene?
- 3) In which states do you plan to obtain a Dental Hygiene license?
- 4) Why did you choose these states?
- 5) What are your long and short-term goals?
- 6) What do you like about yourself?