



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

## Maryland Dental Hygienists' Association

Dear Students.

January, 2018

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 *first year* 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. Must complete the first year of an entry level Dental Hygiene curriculum by June 2018
7. Must plan to graduate by June 2019
8. 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
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 web site [www.mymdha.com](http://www.mymdha.com), under the "Education" tab.

Completed applications and letters of recommendation must be post marked by February 20, 2018.

Submit applications to:

Bela Bernstein, RDH, MA  
MDHA Scholarship Chairperson  
10593 Twin Rivers Road  
Columbia, MD 21044

If you have questions, please contact me at [belasaini@yahoo.com](mailto:belasaini@yahoo.com).

Best of Luck,

Bela Bernstein, RDH, MA

# MARYLAND DENTAL HYGIENISTS' ASSOCIATION

## BERTHA MORGAN, R.D.H. SCHOLARSHIP APPLICATION

**Deadline APRIL 15, 2018**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone (school) \_\_\_\_\_

\_\_\_\_\_ Phone (home) \_\_\_\_\_

Dental Hygiene School: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Email: \_\_\_\_\_

Grade point average in the Dental Hygiene Curriculum: \_\_\_\_\_ U.S.

Citizen: \_\_\_\_\_ Resident of Maryland for \_\_\_\_\_ years.

Married: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ S.A.D.H.A. Member: \_\_\_\_\_ Single: \_\_\_\_\_

Divorced: \_\_\_\_\_

Separated: \_\_\_\_\_

Schools attended beyond high school: \_\_\_\_\_

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

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: \_\_\_\_\_

State briefly why you are applying for this scholarship:

Please answer the following 5 questions:

1) What attracted you to a career in Dental Hygiene?

2) In which states do you plan to obtain a Dental Hygiene license?

- 3) Why did you choose these states?**
- 4) What are your long and short term goals?**

**5) What do you like about yourself?**