



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

Best of Luck,

Bela Bernstein, RDH, MA

MARYLAND DENTAL HYGIENISTS' ASSOCIATION

BERTHA MORGAN, R.D.H. SCHOLARSHIP APPLICATION

Deadline MARCH 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
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Extra Curricular Activities	Indicate Offices Held
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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?**