



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

Maryland Dental Hygienists' Association

January, 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 first year and a separate scholarship to a second-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. First year student: Must complete the first year of an entry level Dental Hygiene curriculum by June 2020
7. First year student: Must plan to graduate by June 2021  
Second year student: Must plan to graduate by June 2020
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 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](http://www.mymdha.com), under the "Education" tab.

Completed applications and letters of recommendation must be post marked by February 29, 2020.

Submit applications to:

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

If you have questions, please contact me at [Sabrina.Dziwulski@gmail.com](mailto:Sabrina.Dziwulski@gmail.com)

Best of Luck,

Sabrina Dziwulski, RDH, BS

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

**Deadline FEBRUARY 29, 2020**

You may handwrite the following information:

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

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

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

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

Gender: \_\_\_\_\_

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

1<sup>st</sup> 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?