Dental Admission Test Reimbursement Application

The Maryland State Dental Association Foundation (MSDAF) is pleased to introduce a scholarship opportunity for students residing in Dental Health Professional Shortage Areas (HPSAs) who aspire to pursue a career in dentistry and intend to practice in a dental HPSA. This scholarship will provide reimbursement for Dental Admission Test (DAT) costs.

To be eligible to apply for DAT Reimbursement you must meet the following criteria:

 Be enrolled as a full-time college student pursuing an undergraduate degree

 Reside in Baltimore City, Eastern Shore (Caroline, Dorchester, Kent, Queen Anne’s, and Talbot Counties) or Western Maryland’s Appalachian region (Allegany, Washington, Frederick, and Carroll Counties)

 Possess a minimum 2.7 undergraduate GPA

 Demonstrate ﬁnancial need and interest in Dentistry

 Demonstrate desire and intent to work in a Dental HSPA

 Provide proof of payment for DAT (attach ﬁle below on google form)

 Submit a letter of recommendation from an academic advisor, professor, or dental professional (must be emailed directly from recommender to Foundation@msda.com by deadline)

**This application will close on January 19, 2024.**

 \* Indicates required question

1. Email \*
2. Full legal name \*
3. Permanent Address (City, State, Zip Code) \*
4. Cell phone number \*
5. Email Address \*
6. Date of birth \*

*Example: January 7, 2019*

1. Name of undergraduate institution \*
2. Current cumulative GPA (on a 4.0 scale) \*
3. Your undergraduate major \*
4. Number of college credits earned \*
5. Total credits required for graduation \*
6. Expected date to receive baccalaureate degree \*

*Example: January 7, 2019*

1. Degree you will receive \*
2. Name of person submitting letter of recommendation on your behalf (they must \*

email it to Foundation@msda.com)

1. Why are you interested in pursuing a career in dentistry? \*
2. Why do you want to work in a Dental HPSA? \*
3. What are your career goals for the next 5 to 10 years? \*
4. List any volunteer activities in the past 8 to 12 months. \*
5. Explain your ﬁnancial need for reimbursement assistance to cover the cost of the \*

DAT.

1. Email a copy of poof of payment for DAT (must show full name) and attach along with this application to Foundation@msda.com. \*
2. Provide a copy proof of residency in one of the designated Dental HPSA regions listed above. Veriﬁcation may include oﬃcial documentation, such as a driver's license, voter registration, or utility bills (mail). Submit via email as attachment along with this application sent to Foundation@msda.com.
3. Email a copy of your unoﬃcial transcript along with this application to Foundation@msda.com. \*

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