Dental Admission Test Reimbursement Application

The Maryland State Dental Association Foundation (MSDAF) is pleased to introduce a scholarship opportunity for Maryland students who aspire to pursue a career in dentistry and intend to practice in a Dental Health Professional Shortage Areas (HPSAs) in Maryland. 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 Maryland
- Possess a minimum 2.7 undergraduate GPA
- Demonstrate financial need and interest in Dentistry
- Demonstrate desire and intent to work in a Dental HSPA in MD
- Provide proof of payment for DAT up to a year old (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 deadline has been extended and will close on Friday, February 28 2025.

* 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

7. Name of undergraduate institution *

_____

8. Current cumulative GPA (on a 4.0 scale) *

_____

9. Your undergraduate major *

_____

10. Number of college credits earned *

_____

11. Total credits required for graduation *

_____

12. Expected date to receive baccalaureate degree *

_____

Example: January 7, 2019

13. Degree you will receive *

_____

14. Name of person submitting letter of recommendation on your behalf (they must *
email it to Foundation@msda.com)

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15. Why are you interested in pursuing a career in dentistry? (250 words max) *

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16. Why do you want to work in a Dental HPSA in Maryland? (250 words max) *

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17. What are your career goals for the next 5 to 10 years? (250 words max) *

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18. List any volunteer activities in the past 8 to 12 months. (250 words max) *

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19. Explain your financial need for reimbursement assistance to cover the cost of the *
DAT. (250 words max)

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20. Provide proof of payment for DAT (can be up to a year old and must show full *
name)

Files submitted:

21. Provide proof of Maryland residency. Verification may include official *
documentation such as a MD driver's license, MD Identification Card, voter
registration, or utility bills (mail).

Files submitted:

22. Attach a copy of your unofficial transcript. *

Files submitted: