**IMPORTANT INFORMATION:**

1. Complete all application items. Take particular care to complete all items concerned with course grades. **IF ALL ITEMS ARE NOT PROPERLY COMPLETED, YOUR APPLICATION CANNOT BE CONSIDERED.**

2. All applications, including supporting documents, MUST be POSTMARKED by February 23, 2018.

3. **Two evaluation forms** must be completed by science, math teachers and/or counselor. They must know you personally and be qualified to evaluate you individually and academically. **NO ADDITIONAL EVALUATIONS ARE NECESSARY.** (Ask the teachers and/or counselor to complete your evaluation form and place it in an envelope, seal the envelope, sign across the seal, and return the form to you to submit with your application.) You must print out the two copies of the Evaluation Form and provide your evaluators each with a copy.

4. All application materials must be mailed to:

   **2018 SPEP Collegiate I**
   Texas A&M College of Dentistry
   Office of Student Development
   Attn: Mrs. Janie Villarreal
   3302 Gaston Ave., Room 365
   Dallas, Texas 75246

   **Please include in one large envelope:**
   - Application form *(Do NOT staple!)*
   - Personal statement *(Limit to one page)*
   - Evaluation forms in sealed envelopes
   - Statistical Questionnaire and photograph *(Do not staple photo)*
   - High school transcript
   - College acceptance letter if available

5. **Phone interviews** for up to 25 SPEP Collegiate I applicants will be conducted the week of March 12-16, 2018. Applicants will be NOTIFIED OF THE DECISION regarding their application by March 26, 2018. Applicants must reply within one week of the date of notification.

6. Please notify Mrs. Villarreal promptly of any CHANGES to your contact information.

7. Direct all communication concerning the STATE OF COMPLETION of your application to:

   Mrs. Janie Villarreal
   Phone: 214.828.8385
   Fax: 214.874.4502
   Email: jvillarreal@tamhsc.edu
   Website: http://dentistry.tamhsc.edu/coe

**Mountain View Tuition:** *(only applies to students NOT living in DALLAS COUNTY)*

Students not living in Dallas County will pay a higher tuition fee for courses taken at Mountain View (partnering school). Texas A&M College of Dentistry will pay the in-county tuition fee and the student will be responsible for paying the difference. That amount will be deducted from your stipend.
2018 SUMMER PRE-DENTAL ENRICHMENT PROGRAM for High School Graduates
(for Current High School Seniors)

Name: ________________________________________________________________

School Name: ____________________________________________ Graduation Date: ______________________

School District: _______________________________________________________

Cumulative Grade Point Average (GPA): ___________________________
(On a 4.0 or 100 point scale) Your GPA must match the GPA on your official high school transcript

Before Mailing, Please Check That Your Application Packet is Complete

Please include in one large envelope:

☐ Completed Application Form: Including social security number, email address, parent contact information, parent occupation and education, grade point average, all questions answered to the best of your ability and signatures of applicant and parents (if student is under 18 years of age). Please make sure your application is legible (print clearly).
An incomplete application and/or missing supporting documents below will result in your application not being considered for the position.

☐ Personal Statement: The personal statement should be an essay, at least one full page in length, explaining your interest in dentistry, your career goals and why you hope to participate in this program.

☐ Two Completed Evaluation Forms: Each completed evaluation form must be in a sealed envelope with the evaluator’s signature across the seal.

☐ Completed Statistical Questionnaire with photograph pasted (not stapled) in place: The statistical questionnaire and photo must be submitted in the application packet.

☐ High School Transcript including grades through fall 2017

☐ I have checked the Program dates and I am available the entire length of the program:
SPEP Collegiate I Orientation is on June 4, 2018 and the program runs from June 5 – July 6, 2018.

☐ Copy of College acceptance letter if available (letter must be on file before position can be offered)

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D34HP24458 and title Bridge to Dentistry: Awareness to Practicing, Teaching and Research for a five-year grant amount of $3,500,000 and ~28% financed with nongovernmental sources (Texas A&M College of Dentistry). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
PLEAS TYPE OR PRINT YOUR INFORMATION IN BLACK INK. PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION.

**Student Information:**

1. Name: 
   Last: ____________________________ First: ____________________________ Middle Initial: ____________________________

2. Date of Birth: ____________________________
   Month: ____________ Day: ____________ Year: ____________

3. Age: ____________________________

4. Gender: Male □ Female □

5. Address: ____________________________
   No. and Street: ____________________________ Apt. No: ____________________________
   City: ____________________________ State: ____________________________ Zip: ____________________________

6. Home Phone No: ____________________________

7. Cell Phone No: ____________________________

8. Email: ____________________________

9. Are you from a rural or urban residential background: ____________________________ County of: ____________________________

10. Citizenship: ____________________________ (Country)
    If not a U.S. citizen, type of Visa: ____________________________

11. Place of Birth: ____________________________
    City: ____________________________ State: ____________________________ Country: ____________________________

**Parent/Guardian Information:**

12. Name and address of: □ father □ legal guardian
    Name: ____________________________
    No. and Street, Apt. No.: ____________________________
    City: ____________________________ State: ____________________________ Zip: ____________________________
    Occupation: ____________________________
    Home Phone No: ____________________________
    Business Phone No: ____________________________

13. Father: □ living □ deceased
    Name: ____________________________
    No. and Street, Apt. No.: ____________________________
    City: ____________________________ State: ____________________________ Zip: ____________________________
    Occupation: ____________________________
    Home Phone No: ____________________________
    Business Phone No: ____________________________

14. Name and address of: □ mother □ legal guardian
    Name: ____________________________
    No. and Street, Apt. No.: ____________________________
    City: ____________________________ State: ____________________________ Zip: ____________________________

15. Mother: □ living □ deceased
    Name: ____________________________
    No. and Street, Apt. No.: ____________________________
    City: ____________________________ State: ____________________________ Zip: ____________________________
    Occupation: ____________________________
    Home Phone No: ____________________________
    Business Phone No: ____________________________

**COLLEGE INFORMATION** (Colleges applied to)

__________________________________________  ____________________________  ____________________________

__________________________________________  ____________________________  ____________________________

Colleges accepted at:

__________________________________________  ____________________________  ____________________________

__________________________________________  ____________________________  ____________________________

College attending: ____________________________

*(must provide us with an acceptance letter)*
1. Please indicate the highest level of your parents’ or court-appointed guardian's educational background: (check only one per person)

   Father/Legal Guardian:  No high school _______ Some high school _______ High school diploma or GED _______ Some college _______
   Associate's Degree ____ Bachelor's Degree _____ Graduate/Professional Degree ______

   Mother/Legal Guardian:  No high school _______ Some high school _______ High school diploma or GED _______ Some college _______
   Associate's Degree ____ Bachelor's Degree _____ Graduate/Professional Degree ______

2. Age of each sibling:  Brothers ___________________________ Sisters ___________________________

3. Please indicate, for the most recent tax year, your family's gross income. Include both untaxed and taxed income.

   Less than $18,000 _______ $18,000 - $23,999 _______ $24,000 - $29,999 _______ $30,000 - $36,199 _______
   $36,200 - $42,399 _______ $42,400 - $48,499 _______ $48,500 - $59,999 _______ $60,000 - $78,499 _______
   $78,500 - $99,999 _______ over $100,000 _______

4. Do you work to supplement your family's income? _________ Have you been employed regularly during high school? _______ If yes, specify when, type of work, and approximate hours per week. ___________________________

5. How many people, including yourself, live in your household? (Include brothers and sisters attending college.) ___________________________

6. How do you plan to finance your college expenses? __________________________

7. HISTORY OF ADVERSE CIRCUMSTANCES (Please check all that apply)

   Low socioeconomic status (please fill out financial information above)  □ Yes □ No
   English is not the applicant's primary language  □ Yes □ No
   First language________________ Additional languages____________________
   Middle or high school home responsibility  □ Yes □ No
   Single parent family  □ Yes □ No
   Employment while attending high school  □ Yes □ No
   First to graduate high school  □ Yes □ No
   First to attend college  □ Yes □ No
   Overcame or is experiencing extreme hardship  □ Yes □ No
   Explain ______________________________________________________

   Other  □ Yes □ No
   Explain ______________________________________________________

8. List any shadowing/volunteering experiences in a dental office/clinic (include number of hours).

   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

Applicant’s Name: __________________________________________
(Please print)
9. List any academic honors, awards, or other recognitions you have received while in middle school or high school.

____________________________________________________________________________________

____________________________________________________________________________________

10. List and describe extracurricular or community activities, special interests and hobbies, etc. Indicate how you spend your leisure time.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

11. List leadership positions you have held in societies, organizations, etc.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

12. List names of other summer programs you are applying to or plan to participate in this summer (including band camp, cheerleading camp, etc).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

KNOWLEDGE OF PROGRAM:

1. How did you learn about this program?

____________________________________________________________________________________

2. Did you participate in the Texas A&M College of Dentistry’s Dental Awareness Program while in elementary? Yes ☐ No ☐

3. Did you come on a field trip to Texas A&M College of Dentistry while in junior high or high school? Yes ☐ No ☐

4. Have you previously participated in any of the Texas A&M College of Dentistry’s summer enrichment programs? Yes ☐ No ☐

   SPEP 10 ☐ year:______   SPEP 11 ☐ year:______   SPEP 12 ☐ year:______

5. Have you participated in the Texas A&M College of Dentistry’s Future Dentist Club (FDC)? Yes ☐ No ☐

   If yes, what year(s)?

____________________________________________________________________________________

6. Have you participated in other summer or academic programs or activities to help you prepare for college (University Outreach, Upward Bound, Gear-Up, etc.)? Please list all other programs, activities and the years attended.

____________________________________________________________________________________

____________________________________________________________________________________

GENERAL STATEMENT

Explain, in your own words, your career and academic goals and your reasons for wanting to participate in this Program. Please indicate how your interest in dentistry/health careers developed and how this Program will benefit your pursuit of a career. Include any unusual circumstances that have impacted you personally or obstacles you have overcome while pursuing an education. Please be sure to TYPE statements on a separate, attached sheet of paper and keep length to approximately 250 words (one full page).

Handwritten essays are not acceptable.

Applicant’s Name: _____________________________________________________________

(Please print)
PARENTAL PERMISSION:  (Only if Student is under 18 years of age)

Parental/guardian consent is required for participation. Your parent(s) or guardian(s) must sign below indicating consent.

APPLICATION DEADLINE: February 23, 2018

Applicant’s Name (Please print)  X  Applicant’s Signature  Date

If selected, I give consent for my child to participate in this program.

Father’s Name (Please print)  Father’s Signature  Date

Mother’s Name (Please print)  Mother’s Signature  Date

-OR-
Guardian’s Name (Please print)  Guardian’s Signature  Date

Relationship to Applicant ________________________________

EVALUATION:  Please provide two letters of evaluation from teachers and/or counselors.

Please use the enclosed EVALUATION FORMS and list your evaluators’ names, positions, addresses and phone numbers below under REFERENCES. Be sure to fill out the information at the top of each EVALUATION FORM.

EVALUATION REFERENCES:

1.  Name  Title/Position

   Street Address  City  State  Zip  Phone

   Email Address

2.  Name  Title/Position

   Street Address  City  State  Zip  Phone

   Email Address
EVALUATION FORM (Be sure to fill out the top portion first)

To be filled in by applicant. Please type or print in ink.

Applicant:

Last Name            First Name            Phone No.

Address:

Street Name  Apt. #  City  State  Zip Code

☐ I hereby voluntarily waive any right of access to this confidential evaluation.  ☐ I retain my right of access to this evaluation.

X  

Applicant Signature  Date

The remainder of this form is to be completed by the evaluator. WHEN COMPLETED, PLEASE RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL.

A. Familiarity with applicant (how known, how long, and how well known?).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

B. Please give your evaluation of the applicant’s ability to perform as a student and in a professional school environment.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

C. Additional Comments (other information which you consider beneficial to the Selection Committee).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
D. **Profile:** (To be completed by the evaluator)  
Please check the box to the right that most accurately corresponds to your evaluation of the characteristics this applicant demonstrates/possesses. “7” is the highest rating and “1” is the lowest rating. Indicate “0” if unknown.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Reliability – Accuracy, thoroughness, integrity, promptness, conscientiousness …</td>
<td>7 6 5 4 3 2 1 0</td>
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<tr>
<td>Motivation – Professional promise, interest, and enthusiasm …</td>
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<tr>
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E. **Summary Opinion**

Please check the category in which you would place this applicant regarding his/her overall suitability as an applicant.

- 7 ☐ An excellent applicant
- 6 ☐ Well above average
- 5 ☐ Above average
- 4 ☐ Average
- 3 ☐ Slightly below average
- 2 ☐ Below average
- 1 ☐ Very poor (Not recommended)
- 0 ☐ Unknown

**EVALUATION COMPLETED BY:**

Name: ______________________________________________________________

Title/Position: ____________________________________________________________

Address: ______________________________________________________________

City: ____________________________ State: ____________________________ Zip Code: ____________

Phone: ____________________________ E-Mail: ____________________________

Evaluator’s Signature: ____________________________ Date: ____________________________
EVALUATION FORM (Be sure to fill out the top portion first)

To be filled in by applicant. Please type or print in ink.

Applicant:

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☐ I hereby voluntarily waive any right of access to this confidential evaluation.

☐ I retain my right of access to this evaluation.

X

Applicant Signature __________________________________________ Date ________________

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- [ ] An excellent applicant
- [ ] Well above average
- [ ] Above average
- [ ] Average
- [ ] Slightly below average
- [ ] Below average
- [ ] Very poor (Not recommended)
- [ ] Unknown

**EVALUATION COMPLETED BY:**

Name: __________________________________________
Title/Position: ____________________________________
Address: _________________________________________
City: __________________________ State: __________ Zip Code: _______
Phone: _______________________________ E-Mail: _______________________
Evaluator’s Signature: ___________________________ Date: __________

---

**Applicant’s Name:** __________________________________________
STATISTICAL QUESTIONNAIRE

Please print using black ink

Name (Full legal):

Last

First

Middle

Social Security Number:

Race or Ethnic Group:

Non-Hispanic/Latino

☐ American Indian ☐ Alaskan Native ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White

☐ Asian (specify national origin):

☐ Vietnamese ☐ Indian ☐ Pakistani ☐ Other

☐ More than once race: Specify

☐ Other (Please specify):

Hispanic/Latino

☐ Hispanic/Latino (specify national origin):

☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other

☐ American Indian ☐ Alaskan Native ☐ Black ☐ Native Hawaiian/Pacific Islander ☐ White

☐ Asian (specify national origin):

☐ Vietnamese ☐ Indian ☐ Pakistani ☐ Other

☐ More than one race: Specify

☐ Other (Please specify):

NOTE: After completion of this Statistical Questionnaire form, please attach a recent photograph and combine it along with other application materials. This photo should be sized at 2” X 2.5”, showing head and shoulders only.

Attach
(2” x 2.5”)

Photo here

Tape or glue
(DO NOT STAPLE)

Signature: X

Date: ________________________________