APPLICATION INSTRUCTIONS FOR

2015 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for Rising 10th GRADERS (SPEP 10)
(Current 9th Graders)

2015 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for RISING 11th GRADERS (SPEP 11)
(Current 10th Graders)

Program Dates: July 20 - 24, 2015
8:00 a.m. – 12:00 p.m.

Orientation for SPEP 10 and SPEP 11: July 18, 2015
Application Packet Check List
2015 Summer Pre-Dental Enrichment Programs for 10th and 11th Graders

PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK.

Name: ____________________________________________

Address: _________________________________________ City/State/Zip: _________________________________

Home Phone: ___________________________ Cell Phone: _____________________________________________

School: __________________________________________ E-Mail: ________________________________

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

I am applying for (Circle): SPEP 10 SPEP11

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 May 8, 2015.

3. Please make necessary arrangements to have all application documents (transcript, letter of evaluation, etc.) bear ONE LAST NAME.

4. One evaluation form must be completed by a teacher. The teacher must know you personally and be qualified to evaluate you personally and academically. NO ADDITIONAL EVALUATIONS ARE NECESSARY. (Ask the teacher who completes your evaluation form to place it in an envelope, seal the envelope, sign across the seal, and return the form to you to submit with your application.)

5. All application materials must be mailed to:
2015 SPEP 10 AND SPEP 11 Texas A&M University Baylor College of Dentistry
Office of Student Development and Multicultural Affairs Center of Excellence
Attn: Ms. Willie Alexander
PO Box 660677
Dallas, TX 75266-0677

Please include in one large envelope:
- Application form (Do NOT staple!)
- Evaluation form in sealed envelope
- Statistical Questionnaire and photograph
- Official high school transcript

6. Please notify Ms. Alexander promptly of any CHANGE OF ADDRESS.

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

Ms. Willie Alexander
Phone: 214.828.8996
Fax: 214.874.4502
Email: walexander@bcd.tamhsc.edu
Please indicate the Summer Enrichment Program to which you are applying:

- Summer Pre-Dental Enrichment Program for Rising 10th Graders (Current 9th Graders)
  Program Dates: July 20 - 24, 2015

- Summer Pre-Dental Enrichment Program for Rising 11th Graders (Current 10th Graders)
  Program Dates: July 20 - 24, 2015

PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK.

1. Name: ________________________________  First  ________________________________
   Last  Middle Initial

2. Preferred Name: ________________________  3. Social Security No: ________________

4. Other name(s) under which academic work was pursued: ______________________________

5. Date of Birth: __________________________  6. Sex:  □ Male  □ Female
   Month  Date  Year

7. Permanent Address: _______________________
   No. and Street  Apt. No.  City  State  Zip

8. Home Phone No: ________________________  Work Phone No: ________________________
   Cell Phone No: ________________________  Email: ________________________________


10. Place of Birth: __________________________
    City  State  County

11. Name and address of:  □ father  □ legal guardian  12. Father:  □ living  □ deceased
    Name: ______________________________________________________________________
    No. and Street  Apt. No.
    City  State  Zip
    Occupation: ________________________________
    Home Phone No: ________________________
    Business Phone No: ________________________

    Name: ______________________________________________________________________
    No. and Street  Apt. No.
    City  State  Zip
    Occupation: ________________________________
    Home Phone No: ________________________
    Business Phone No: ________________________

Incomplete applications and missing information can delay the processing of your application.
SUPPLEMENTAL INFORMATION (to comply with funding requirements, please answer all items below)

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 difficult circumstances (Please check all that apply)

   - Low socioeconomic status (Please fill out financial information above)  
   - English is a second language or bilingual  
   - Middle or high school home responsibility  
   - Single parent family  
   - Employment while attending high school  
   - Overcame or is experiencing extreme hardship  

   Explain

   Other difficult circumstances  

   Explain

8. List any health-related work or volunteer experiences.

   Applicant’s Name

(Please print)

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1. List any work or volunteer experiences.

________________________________________________________________________
________________________________________________________________________

2. List any academic honors, awards, or other recognitions you have received while in middle school or high school.

________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________

5. 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 TAMBCD Project Dental Awareness Program while in elementary school? ☐ Yes ☐ No

3. Did you come on a field trip to TAMBCD while in high school? YES ☐ NO ☐

4. Did you participate in the TAMBCD’s SPEP 10 program? YES ☐ NO ☐

5. Are you currently or was previously a member of TAMBCD’s Future Dentist Club (FDC)? Yes ☐ No ☐

6. Have you participated in other summer or academic programs to help you prepare for college (University Outreach, Upward Bound, Gear-Up, etc.)? YES ☐ NO ☐ If yes, please list all other programs, activities and the years attended.

________________________________________________________________________
________________________________________________________________________

Applicant’s Name ____________________________________________
(Please print)
PARENTAL PERMISSION:

Parental/guardian consent is required for participation in the Summer Pre-Dental Enrichment Programs. Your parent(s) or guardian must sign below indicating consent.

APPLICATION DEADLINE: May 8, 2015

Applicant’s Name (Please print)           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 one letter of evaluation from your Science, English, Math or Career teacher.

Please use the enclosed EVALUATION FORM and list your evaluator’s name, position, address and phone number below under REFERENCE. Be sure to fill out the information at the top of the EVALUATION FORM.

EVALUATION REFERENCE:

1. Name           Position

2. Street Address           City           State           Zip           Phone

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

<table>
<thead>
<tr>
<th>To be filled in by applicant. Please type or print in ink.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant:</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Phone No.</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Street Name</td>
</tr>
<tr>
<td>Apt. #</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip Code</td>
</tr>
</tbody>
</table>

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

☐ I retain my right of access to this evaluation.

Applicant’s 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.

| **Reliability** – Accuracy, thoroughness, integrity, promptness, conscientiousness… |
| **Motivation** – Professional promise, interest, and enthusiasm… |
| **Emotional Stability** – Self-control, poise, behavior in class, judgment under difficult circumstances… |
| **Social Values** – Sensitivity to needs of others… |
| **Intellectual Curiosity** – Interest in learning, inquisitiveness… |
| **Industry** – Drive, initiative, work habits, performance… |
| **Personality** – Manners, courtesy, tact, enthusiasm, friendliness… |
| **Leadership** – Ability to inspire confidence, self-confidence, decisiveness, deliberation… |
| **Cooperativeness** – Respect for authority, ability to work with others… |

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 ___________________________ Street Name ____________ Apt. # ____________

Street No. __________________________ State ____________ Zip Code ____________

Phone: ___________________________ Email: ____________________________

Evaluator’s Signature: ___________________________ Date: ____________

Applicant’s Name: ____________________________________________

(Please print)
STATISTICAL QUESTIONNAIRE

PLEASE PRINT USING BLACK INK

Name (Full legal): ____________________________________________________________

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.
Do not staple, you may use glue or tape.

Attach photo here

(2” x 2.5”)
(Tape or glue; Do NOT staple)

Signature: X ________________________________ Date: _______________________

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