APPLICATION INSTRUCTIONS

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 26, 2016.

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

4. **Two evaluation forms** must be completed by teachers and/or counselors. They must know you personally and be qualified to evaluate you individually and academically. NO ADDITIONAL EVALUATIONS ARE NECESSARY. (Ask the teachers and/or counselors who complete 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.) You must print out two copies of the Evaluation Form and provide your evaluators each with a copy.

5. All application materials must be mailed to:
   **2016 SPEP Collegiate I**
   Texas A&M University Baylor College of Dentistry
   Office of Student Development and Multicultural Affairs
   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

6. Phone interviews for up to 25 SPEP Collegiate I applicants will be conducted the week of March 14-18, 2016. Applicants will be NOTIFIED OF THE DECISION regarding their application by March 28, 2016. Applicants must reply within one week of the date of notification.

7. Please notify Mrs. Villarreal promptly of any CHANGE OF ADDRESS or other contact information.

8. Direct all communication concerning the STATE OF COMPLETION of your application to:
   (Incomplete applications and missing items can delay the process of your application)

   Mrs. Janie Villarreal
   Phone: 214.828.8385
   Fax: 214.874.4502
   Email: jvillarreal@bcd.tamhsc.edu
2016 SUMMER PRE-DENTAL ENRICHMENT PROGRAM for High School Graduates
(SPEP Collegiate I)
(for Current High School Seniors)

Name: ____________________________  Graduation Date: ____________________________

School Name: ____________________________  Cumulative Grade Point Average (GPA): ______

School Address: ____________________________  (On a 4.0 or 100 point scale) Your GPA must match the GPA on your official high school transcript

School District: ____________________________

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. 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 2015**

- **I have checked the Program dates and I am available the entire length of the program:** SPEP Collegiate I Orientation is on June 3, 2016 and the program runs from June 6 – July 8, 2016.

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

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2016 SUMMER PRE-DENTAL ENRICHMENT PROGRAM for High School Graduates (SPEP Collegiate I) (for Current High School Seniors)

PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK.

Student Information:

1. Name: ___________________________________ 2. Social Security No.: ____________________________
   Last           First           Middle Initial

3. Date of Birth: ___________ 4. Age: ______
   Month   Day   Year

5. Gender: Male [ ] Female [ ]

6. Address: __________________________________________________________
   No. and Street ______________________________________ Apt. No.
   City              State              Zip

7. Home Phone No: ____________________________________________

8. Cell Phone No: ____________________________________________

   Other Phone: _______________________________ Email: ________________________


10. Place of Birth:
    City __________________________ State __________________________ County __________________________

Parent/Guardian Information:

   Please fill this section out COMPLETELY

11. Name and address of: [ ] father [ ] legal guardian
    Name __________________________________________________________
    No. and Street, Apt. No. __________________________________________
    City [ ] State [ ] Zip [ ]

    Father: [ ] living [ ] deceased
    Occupation: __________________________
    Home Phone No: __________________________
    Business Phone No: __________________________

12. Name and address of: [ ] mother [ ] legal guardian
    Name __________________________________________________________
    No. and Street, Apt. No. __________________________________________
    City [ ] State [ ] Zip [ ]

    Mother: [ ] living [ ] deceased
    Occupation: __________________________
    Home Phone No: __________________________
    Business Phone No: __________________________

13. Name and address of: [ ] father [ ] legal guardian
    Name __________________________________________________________
    No. and Street, Apt. No. __________________________________________
    City [ ] State [ ] Zip [ ]

    College Information (Colleges applied to)
    _________________________________________________________________
    _________________________________________________________________

    Colleges accepted at:
    _________________________________________________________________
    _________________________________________________________________

    College attending:

    If more space is needed, please attach a separate sheet
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 ADVERSE CIRCUMSTANCES (Please check all that apply)

   Low socioeconomic status (please fill out financial information above) □ Yes □ No
   English is a second 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 health-related work or volunteer experiences.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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).

______________________________________________________________

______________________________________________________________

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Knowing of Program:

1. How did you learn about this program?

2. Did you participate in TAMBCD's Dental Awareness Program while in elementary school?
   Yes ☐ No ☐

3. Did you come on a field trip to TAMBCD while in junior high or high school?
   Yes ☐ No ☐

4. Have you previously participated in any TAMBCD’s summer enrichment programs?
   Yes ☐ No ☐
   SPEP 10 ☐ year: _______  SPEP 11 ☐ year: _______  SPEP 12 ☐ year: _______

5. Are you currently or were you a member of TAMBCD'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.

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----------PERSONAL 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 26, 2016

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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Phone No.</th>
</tr>
</thead>
</table>

Address:

<table>
<thead>
<tr>
<th>Street Name</th>
<th>Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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

### 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: 

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8
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).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
EVALUATION COMPLETED BY:

Name:
Title/Position:
Address:
City: State: Zip Code:
Phone: E-Mail:
Evaluator’s Signature: Date:
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.

Signature: ☑ ____________________________ Date: ____________________________

Attach photo here

(2” x 2.5”)

(Tape or glue; Do NOT staple)