APPLICATION INSTRUCTIONS FOR

2016 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for Rising 10th GRADERS (SPEP 10)
(Current 9th Graders)

2016 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for RISING 11th GRADERS (SPEP 11)
(Current 10th Graders)

Program Dates: July 18 - 22, 2016
8:00 a.m. – 12:00 p.m.

Orientation for SPEP 10 and SPEP 11: July 16, 2016

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 grant amount $3,419,234 and ~28% financed with nongovernmental sources (Texas A&M University Baylor 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.
Application Packet Check List
2016 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 Level: _____________________________ 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 SPEP 11

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 March 11, 2016.

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:
2016 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
Incomplete applications and missing information can delay the processing of your application.

2016 SUMMER PRE-DENTAL ENRICHMENT PROGRAMS  
Texas A&M University Baylor College of Dentistry

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 18 - 22, 2016

☐  Summer Pre-Dental Enrichment Program for Rising 11th Graders (Current 10th Graders)  
Program Dates: July 18 - 22, 2016

PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK.

1. Name: _______________________________  
   Last               First               Middle Initial

2. Preferred Name: ____________________________  

3. Social Security No: ____________________________

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

5. Date of Birth: ___________     Month  _______ Date  _______ Year  _______

6. Sex: ☐ Male ☐ Female

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

8. Home Phone No: ____________________________  
   Work Phone No: ____________________________

   Cell Phone No: ____________________________  
   Email: ____________________________

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

10. Place of Birth: ________________________________  
    City State County

11. Name and address of: ☐ father ☐ legal guardian  
    Occupation: ____________________________

    Name: ________________________________

    No. and Street Apt. No.

    City State Zip

12. Father: ☐ living ☐ deceased

   Name: ________________________________

   No. and Street Apt. No.

   City State Zip

13. Name and address of: ☐ mother ☐ legal guardian  
    Occupation: ____________________________

    Name: ________________________________

    No. and Street Apt. No.

    City State Zip

14. Mother: ☐ living ☐ deceased

    Name: ________________________________

    No. and Street Apt. No.

    City State Zip

    Business Phone No: ____________________________

    Business Phone No: ____________________________

3 | SUMMER PRE-DENTAL ENRICHMENT PROGRAMS for 10TH and 11TH GRADERS
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) _______ Yes _______ No
   English is a second language or bilingual _______ Yes _______ No
   Middle or high school home responsibility _______ Yes _______ No
   Single parent family _______ Yes _______ No
   Employment while attending high school _______ Yes _______ No
   Overcame or is experiencing extreme hardship _______ Yes _______ No
   Explain __________________________________________

   Other difficult circumstances _______ Yes _______ No
   Explain __________________________________________

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

Applicant’s Name __________________________________________ (Please print)
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 junior high or 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: March 11, 2016

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>
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**Applicant:**

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Phone No.</th>
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**Address:**

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

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**Applicant’s Signature**

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**Date**

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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?).**

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

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

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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.

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<tr>
<th>Characteristic</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
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<th>2</th>
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<tbody>
<tr>
<td><strong>Reliability</strong> – Accuracy, thoroughness, integrity, promptness, conscientiousness…</td>
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<td><strong>Motivation</strong> – Professional promise, interest, and enthusiasm …</td>
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<td><strong>Emotional Stability</strong> – Self-control, poise, behavior in class, judgment under difficult circumstances…</td>
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<td><strong>Social Values</strong> – Sensitivity to needs of others…</td>
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<td><strong>Intellectual Curiosity</strong> – Interest in learning, inquisitiveness…</td>
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<td><strong>Industry</strong> – Drive, initiative, work habits, performance…</td>
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<td><strong>Personality</strong> – Manners, courtesy, tact, enthusiasm, friendliness…</td>
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<td><strong>Leadership</strong> – Ability to inspire confidence, self-confidence, decisiveness, deliberation…</td>
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<td><strong>Cooperativeness</strong> – Respect for authority, ability to work with others…</td>
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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 __________________________ Street Name __________________________ Apt. #
Street No. ____________________________ State ______ Zip Code _____________
Phone: __________________________ Email: ____________________________ Date: ____________________
Evaluator’s Signature: ____________________________ Date: ________________

Applicant’s Name: ____________________________ (Please print)
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 one 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
(Tape or glue; Do NOT staple)

Signature: X  Date: 

9 | SUMMER PRE-DENTAL ENRICHMENT PROGRAMS for 10TH and 11TH GRADERS