APPLICATION INSTRUCTIONS FOR
TEXAS A&M UNIVERSITY BAYLOR COLLEGE OF DENTISTRY’ S
2014 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for 12th Graders
(SPEP 12)
(For current 11th graders)

Program Dates: June 9 – July 3, 2014
8:30a.m. – 3:00p.m.


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 21, 2014.

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

4. Two evaluation forms must be completed – one by a Math, Science or English teacher, and the second by a career
   teacher or academic counselor. Teachers must know you personally and be qualified to evaluate you individually and
   academically. NO ADDITIONAL EVALUATIONS ARE NECESSARY. (Ask the teachers who complete your evaluation
   forms to place them in an envelope, seal the envelope, sign across the seal, and return the forms to you to submit
   with your application.)

5. All application materials must be mailed to:
   2014 SPEP 12
   A&M Baylor College of Dentistry
   Office of Student Development and Multi-Cultural 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!)
   • Personal statement (Limit to one page)
   • Evaluation forms in sealed envelopes
   • Statistical questionnaire and photograph
   • Official high school transcript(s)

6. Interviews for up to 35 applicants for the Summer Pre-Dental Enrichment Program for 12th Graders will be conducted
   March 10-14, 2014. Applicants will be NOTIFIED OF THE DECISION regarding their application by April 4, 2014.
   Applicants must reply within two weeks of the date of notification.

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

8. 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

The Summer Pre-Dental Enrichment Program for 12th Graders is
sponsored by the Health Resources and Services Administration
Center of Excellence and the Texas A&M University Baylor College
of Dentistry.
Application Packet Check List
for the
2014 Summer Pre-Dental Enrichment Program
for 12th Graders
(SPEP 12)
(For current 11th graders only)

Please type or print all information in black ink.

Name: ____________________________  Social Security Number: _______________________
Address: ____________________________  City/State/Zip: ____________________________
Home Phone: ____________________________  Cell Phone: ____________________________
Gender (Circle):  M       F
School: ____________________________  Other Phone: ____________________________
School Address: ____________________________  E-Mail: ____________________________
School District: ____________________________  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!

Before Mailing, Please Check That Your Application Packet is Complete

Please include in one large envelope:

☐ Completed Application Form: Answer all questions to the best of your ability. Include your social security number, email address, parent contact information, parent occupation and education, grade point average and signatures of applicant and parents.

☐ 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: A Math, English or Science teacher must complete one form. A career teacher or academic counselor must complete the other form. 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.

☐ Official High School Transcript: You must include an official copy of your transcript with grades for the Fall semester with this application. Unofficial transcripts and report cards are NOT acceptable!

☐ I have checked the dates of the program to which I am applying and I am available the entire length of the program: SPEP 12 Orientation is on May 17, 2014 and the program runs from June 9 - July 3, 2014. The SPEP 12 Awards Ceremony will be on Thursday evening July 3, 2014.
Incomplete applications and missing information can delay the processing of your application.

Application Packet List
for the
2014 Summer Pre-Dental Enrichment Program
for 12th Graders
(SPEP 12)
(For current 11th graders only)

I will be a senior in Fall 2014: ☐ yes ☐ no

PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK.

1. Name: ____________________________  2. Preferred Name: ____________________________
   Last    First    Middle Initial
3. Social Security No: ____________________________
4. Other name(s) under which academic work was pursued: ____________________________  5. Date of Birth:
   Month   Day   Year
6. Sex: Male ☐ Female ☐
7. Permanent Address: ____________________________
   No. and Street
   Apt. No.
   City   State   Zip
   Cell Phone No: ____________________________  8. Home Phone No: ____________________________
   Your Work Phone No: ____________________________
   Email: ____________________________

Please indicate the best phone number for a phone interview.

10. Place of Birth:
    City ____________________________  State ____________________________  County

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: ____________________________
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)
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 A&M BAYLOR COLLEGE OF DENTISTRY’s Project Dental Awareness Program while in elementary school?  □ Yes □ No

3. Did you come on a field trip to A&M BAYLOR COLLEGE OF DENTISTRY while in high school? □ Yes □ No

4. Have you previously participated in any A&M BAYLOR COLLEGE OF DENTISTRY’s summer enrichment programs?  □ Yes □ No
   SPEP 10  □ year: __________  SPEP 11  □ year: __________

5. Are you currently or was previously a member of A&M BAYLOR COLLEGE OF DENTISTRY’s Future Dentist Club (FDC)? □ Yes □ No
   If yes, year(s) ______________________________________________________________________

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

_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

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)

4 SUMMER PRE-DENTAL ENRICHMENT PROGRAM FOR 12TH GRADERS
PARENTAL PERMISSION:

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

APPLICATION DEADLINE: February 21, 2014

Applicant’s Name (printed) 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: one from your Science, Math or English teacher and one from a Career teacher or Academic counselor.

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 Position Email Address

   Street Address City State Zip Phone

2. Name Position Email Address

   Street Address City State Zip Phone
**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>
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</table>

**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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</thead>
</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).**

________________________________________________________________________

________________________________________________________________________

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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.

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: __________________________________ State: ____________________ Zip Code: _______

Phone: ___________________________ E-Mail: _______________________

Evaluator’s Signature: ___________________________ Date: ____________

Applicant’s name: ___________________________ (Please print)
EVALUATION FORM (Be sure to fill out the top portion first)

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

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<th>Applicant:</th>
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Applicant’s Signature __________________________ Date ____________

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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 professional practice.

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<td>Motivation – Professional promise, interest, and enthusiasm …</td>
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<td>Social Values – Sensitivity to needs of others…</td>
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<td>Intellectual Curiosity – Interest in learning, inquisitiveness …</td>
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<td>Industry – Drive, initiative, work habits, performance …</td>
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- 3 ☐ Slightly below average
- 2 ☐ Below average
- 1 ☐ Very poor (Not recommended)
- 0 ☐ Unknown

EVALUATION COMPLETED BY:

Name: ____________________________
Title/Position: ____________________________
Address: __________________________________________________
Street No. Street Name Apt. #
City: ____________________________ State: ____________________________ Zip Code: ____________________________
Phone: ____________________________ E-Mail: ____________________________
Evaluator’s Signature: ____________________________ Date: ____________________________

Applicant’s Name: ____________________________ (Please print)

9 | SUMMER PRE-DENTAL ENRICHMENT PROGRAM FOR 12TH GRADERS
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

(2” x 2.5”)

(Tape or glue; Do NOT staple)

Signature: ____________________________  Date: ____________________________

10 | SUMMER PRE-DENTAL ENRICHMENT PROGRAM FOR 12™ GRADERS