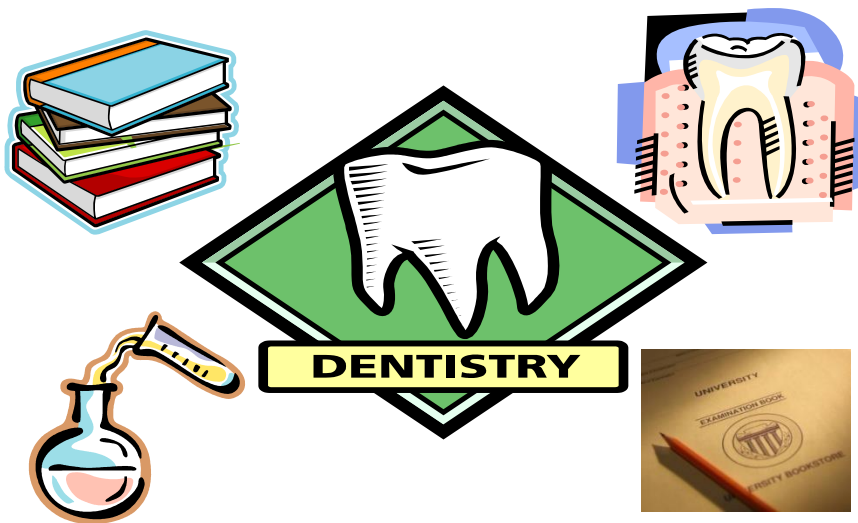




DENTISTRY
TEXAS A&M UNIVERSITY

2019 Summer Pre-Dental Enrichment Program for Rising 12th Graders (SPEP 12) (Current 11th Graders)



APPLICATION PACKET

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.

APPLICATION INSTRUCTIONS FOR
TEXAS A&M COLLEGE OF DENTISTRY'S
2019 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for 12th Graders
(SPEP 12)
(For current 11th graders)

Program Dates: June 3 – June 28, 2019
8:30a.m. – 3:00p.m.

Orientation: May 18, 2019

Awards Ceremony: Friday evening, June 28, 2019

The pre-dental programs offered via Bridge to Dentistry will not accept auditors. Applicants who do not satisfy eligibility requirements, or cannot commit to the program in its entirety, will not be considered.

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.**

1. All applications, including supporting documents, MUST be POSTMARKED by **February 8, 2019**.
2. Please make necessary arrangements to have all application documents (transcript, letters of evaluation, etc.) bear ONE LAST NAME.
3. 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.)
4. All application materials must be mailed to:
2019 SPEP 12
Texas A&M College of Dentistry
Office of Student Development
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)
5. Interviews for up to 35 applicants for the Summer Pre-Dental Enrichment Program for 12th Graders will be conducted **March 11-14, 2019**. Applicants will be NOTIFIED OF THE DECISION regarding their application by **April 12, 2019**. Applicants must reply within two weeks of the date of notification.
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@tamhsc.edu

Application Packet Check List
for the
2019 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: _____	
Address: _____	City/State/Zip: _____
Home Phone: _____	Cell Phone: _____
Gender (Circle): M F	Other Phone: _____
School: _____	E-Mail: _____
School Address: _____	Current Grade: _____
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 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 18, 2019 and the program runs from June 3 – June 28, 2019. The SPEP 12 Awards Ceremony will be on Friday evening, June 28, 2019.

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

2019 Summer Pre-Dental Enrichment Program for 12th Graders (SPEP 12)

(For current 11th graders only)

I will be a senior in Fall 2019: yes no

PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK.

1. Name: _____ Date of Birth: _____
Last First Middle Initial Month Date Year

7. Permanent Address: _____
No. and Street Apt. No.

City: _____ State: _____ Zip: _____

County: _____ Rural/Urban: _____

8. Home Phone No: _____ Cell Phone: _____

Email: _____

Please indicate the **best** phone number for a phone interview.

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

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

12. Father: living deceased

Occupation: _____

Home Phone No: _____

Business Phone No: _____

13. Name and address of: mother legal guardian

Name

No. and Street Apt. No.

City State Zip

14. 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 not the applicants' primary language Yes No
- Middle or high school home responsibility Yes No
- Single parent family Yes No
- Attend a low-performing high school Yes No
- Resident of a financially poor school district Yes No
- Resident of a county designated as underserved by health professionals Yes No
- Significant employment while attending high school Yes No
- Overcame or is experiencing extreme hardship Yes No

Explain _____

Other disadvantaged factor(s) identified by the applicant Yes No

Explain _____

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

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 TEXAS A&M COLLEGE OF DENTISTRY's Project Dental Awareness Program while in elementary school? Yes No

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

4. Have you previously participated in any TEXAS A&M 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 TEXAS A&M 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)

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 8, 2019

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: _____
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.

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.

	7	6	5	4	3	2	1	0
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: _____
Street No. Street Name Apt.

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.

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.

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 professional practice.

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.

	7	6	5	4	3	2	1	0
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...								
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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)

STATISTICAL QUESTIONNAIRE

PLEASE PRINT USING BLACK INK

Name (Full legal): _____
Last First Middle

Race or Ethnic Group:

Non-Hispanic/Latino

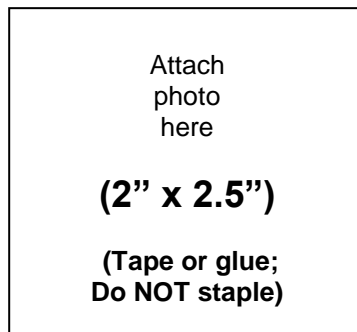
- American Indian Alaskan Native Black Native Hawaiian/Pacific Islander White
- Asian (specify national origin):
 Vietnamese Indian Pakistani Other _____
- More than once race: Specify _____
- Other (Please specify): _____

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: X _____

Date: _____