2021 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) as a part of an award totaling $3,493,000 with ~30% financed with non-governmental sources (Texas A&M College of Dentistry). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS or the U.S. Government. For more information, please visit HRSA.gov.
APPLICATION INSTRUCTIONS FOR
TEXAS A&M COLLEGE OF DENTISTRY’S

2021 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for 12th Graders
(SPEP 12)
(For current 11th graders)

Program Dates: June 21 – July 16, 2021
8:30a.m. – 3:00p.m.

Orientation: June 5, 2021
Awards Ceremony: Monday, July 19, 2021

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 12, 2021**.

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:
   2021 SPEP 12
   Texas A&M College of Dentistry
   Office of Student Development
   Attn: Ms. Willie Alexander
   3302 Gaston Avenue Room 365
   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 15-17, 2021.** Applicants will be NOTIFIED OF THE DECISION regarding their application by **April 16, 2021.** 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@tamu.edu
Application Packet Check List
for the
2021 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 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 June 5, 2021 and the program runs from June 21 – July 16, 2021. The SPEP 12 Awards Ceremony will be on Monday, July 19, 2021.
Incomplete applications and missing information can delay the processing of your application.

2021 Summer Pre-Dental Enrichment Program
for 12th Graders
(SPEP 12)
(For current 11th graders only)

I will be a senior in Fall 2021: □ yes □ no

PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK.

1. Name: __________________________________________ Date of Birth: ____________________________
   Last First Middle Initial Month Day 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:________________________ Zip:________________________

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.
   ________________________________________________
   ________________________________________________


4 SUMMER PRE-DENTAL ENRICHMENT PROGRAM FOR 12TH GRADERS
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)

5 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 12, 2021

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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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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</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.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>7</th>
<th>6</th>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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<td>Reliability – Accuracy, thoroughness,</td>
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<td>Motivation – Professional promise,</td>
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<td>Emotional Stability – Self-control,</td>
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<td>Industry – Drive, initiative, work</td>
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<td>Personality – Manners, courtesy, tact,</td>
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<td>tact, enthusiasm, friendliness …</td>
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<td>Leadership – Ability to inspire</td>
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<td>confidence, self-confidence,</td>
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<td>decisiveness, deliberation…</td>
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<td>Cooperativeness – Respect for</td>
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<td>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: ________________________________________________
Street No. __________________________ Street Name __________________________ Apt. __________________________
City: __________________________ State: __________________________ Zip Code: __________________________
Phone: __________________________ E-Mail: __________________________
Evaluator’s Signature: __________________________ Date: __________________________
Applicant’s name: __________________________ (Please print)

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**EVALUATION FORM** (Be sure to fill out the top portion first)

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

<table>
<thead>
<tr>
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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.

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).

__________________________________________________________________________

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__________________________________________________________________________

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D. **Profile (To be completed by the evaluator)**

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<table>
<thead>
<tr>
<th>Characteristic</th>
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<tbody>
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<td>Reliability – Accuracy, thoroughness, integrity, promptness, conscientiousness …</td>
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- 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)
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: (Please 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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