2021 APPLICATION PACKET

for more information contact:  Mrs. Janie Villarreal  phone: (214) 828-8385  Fax: (214) 874-4502
https://dentistry.tamhsc.edu/coe  or  jmvillarreal@tamu.edu
Texas A&M College of Dentistry
2021 Summer Pre-Dental Enrichment Program (SPEP Collegiate I)
for High School Graduates (Current High School Seniors)

Program Dates: June 3 – July 1, 2021    Orientation: June 3, 2021

IMPORTANT INFORMATION:

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 19, 2021.

3. **Two evaluation forms** must be completed by science, math teachers and/or counselor. They must know you personally and be qualified to evaluate you individually and academically. **NO ADDITIONAL EVALUATIONS ARE NECESSARY.** (Ask the teachers and/or counselor to complete your evaluation form and 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 the two copies of the Evaluation Form and provide your evaluators each with a copy.

4. All application materials must be mailed to:

   **2021 SPEP Collegiate I**
   Texas A&M College of Dentistry
   Office of Student Development
   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

5. **Phone interviews** for up to 25 SPEP Collegiate I applicants will be conducted the week of March 15 – 19, 2021. Applicants will be notified of the decision regarding their application by March 26, 2021. Applicants must reply within one week of the date of notification.

6. Please notify Mrs. Villarreal promptly of any **CHANGES** to your contact information.

7. Direct all communication concerning the **STATE OF COMPLETION** of your application to:

   Mrs. Janie Villarreal
   Phone: 214.828.8385
   Fax: 214.874.4502
   Email: jmvillarreal@tamu.edu
   Website: [https://dentistry.tamhsc.edu/coe](https://dentistry.tamhsc.edu/coe)

8. **Mountain View Tuition:** (**only applies to students NOT living in Dallas County**) Students not living in Dallas County will pay a higher tuition fee for courses taken at Mountain View (partnering school). Texas A&M College of Dentistry will pay the in-county tuition fee and the student will be responsible for paying the difference.
2021 SPEP Collegiate I

Name: ________________________________

School Name: __________________________ Graduation Date: __________________________

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 transcript

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 and signatures of applicant and parents (if student is under 18 years of age). Please make sure your application is legible (print clearly use black or blue ink not pencil). 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 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 2020**

- **I have checked the Program dates and I am available the entire length of the program:** SPEP Collegiate I Orientation is on **June 3, 2021** and the program runs from **June 3 – July 1, 2021**.

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

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) $3,493,000 and ~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.
2021 SUMMER PRE-DENTAL ENRICHMENT PROGRAM for High School Graduates (SPEP Collegiate I)

PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK. PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION.

Student Information:

1. Name: ____________________________
   Last First Middle Initial

2. Date of Birth: ________________
   Month Day Year

3. Age: ____________________________

4. Gender:  
   Male  
   Female

5. Address: ____________________________
   No. and Street Apt. No.
   City State Zip

6. Home Phone No: ____________________________

7. Cell Phone No: ____________________________

8. Are you from a rural residential background: ____________ County of: ____________________________

9. E-mail: ____________________________

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

11. Place of Birth:
    City State Country

Parent/Guardian Information:

12. Name and address of:  
    father  legal guardian

    Name ____________________________
    No. and Street, Apt. No.
    City State Zip

    Father:  
    living  deceased
    Occupation: ____________________________
    Home Phone No: ____________________________
    Cell Phone No: ____________________________

13. Name and address of:  
    mother  legal guardian

    Name ____________________________
    No. and Street, Apt. No.
    City State Zip

    Mother:  
    living  deceased
    Occupation: ____________________________
    Home Phone No: ____________________________
    Cell Phone No: ____________________________

College Information - Colleges applied to:

__________________________________________
__________________________________________
__________________________________________

Colleges accepted at:

__________________________________________
__________________________________________
__________________________________________

College attending: ____________________________ (must provide us with an acceptance letter)
SUPPLEMENTAL INFORMATION (To comply with grant 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) This section must be completed.

   Low socioeconomic status (please fill out financial information above) □ Yes  □ No
   English is not the applicant's primary 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 volunteer/observation experiences in dental environments (offices, clinics, dental schools, etc.) include number of hours.

   ________________________________________________________________
   ________________________________________________________________

   List all other health-related volunteer/observation 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 the Texas A&M College of Dentistry's Dental Awareness Program while in elementary?  Yes ☐ No ☐

3. Did you come on a field trip to Texas A&M College of Dentistry while in junior high or high school?  Yes ☐ No ☐

4. Have you previously participated in any of the Texas A&M College of Dentistry's summer enrichment programs? Yes ☐ No ☐

   SPEP 10 ☐ year:_______  SPEP 11 ☐ year:_______  SPEP 12 ☐ year:_______

5. Have you participated in the Texas A&M College of Dentistry'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.

________________________________________________________________________________________

________________________________________________________________________________________

***************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)

6
PARENTAL PERMISSION:  

(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 19, 2021

<table>
<thead>
<tr>
<th>Applicant’s Name (Please print)</th>
<th>Applicant’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

If selected, I give consent for my child to participate in this program.

<table>
<thead>
<tr>
<th>Father’s Name (Please print)</th>
<th>Father’s Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Mother’s Name (Please print)</td>
<td>Mother’s Signature</td>
<td>Date</td>
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</tbody>
</table>

-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 blue/black ink.

<table>
<thead>
<tr>
<th>Applicant:</th>
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<tbody>
<tr>
<td>Last Name</td>
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<tbody>
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<td>Apt. #</td>
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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.

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?).

________________________________________________________________________

________________________________________________________________________

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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.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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>
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<tbody>
<tr>
<td>Reliability – Accuracy, thoroughness, integrity, promptness, conscientiousness …</td>
<td>7 6 5 4 3 2 1 0</td>
</tr>
<tr>
<td>Motivation – Professional promise, interest, and enthusiasm …</td>
<td>7 6 5 4 3 2 1 0</td>
</tr>
<tr>
<td>Emotional Stability – Self-control, poise, behavior in class, judgment under difficult circumstances…</td>
<td>7 6 5 4 3 2 1 0</td>
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<tr>
<td>Social Values – Sensitivity to needs of 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: ___________________________  
State: ___________________  
Zip Code: __________  
Phone: ______________________  
E-Mail: ___________________________  
Evaluator’s Signature: ___________________________  
Date: __________________
EVALUATION FORM (Be sure to fill out the top portion first)

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

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- [ ] 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: ____________
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: (Please 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.

Attach
(2” x 2.5”)

Photo here

Tape or glue
(DO NOT STAPLE)

Signature: X ____________________________ Date: ____________________________