



**APPLICATION INSTRUCTIONS FOR:**

**2022 SUMMER PRE-DENTAL ENRICHMENT PROGRAM  
for Rising 10<sup>th</sup> GRADERS (SPEP 10)  
(Current 9<sup>th</sup> Graders)**

**and**

**2022 SUMMER PRE-DENTAL ENRICHMENT PROGRAM  
for RISING 11<sup>th</sup> GRADERS (SPEP 11)  
(Current 10<sup>th</sup> Graders)**

**Orientation Date: Saturday, July 9, 2022**

**Program Dates:  
July 11 - 15, 2022  
8:00 a.m. – 12:00 p.m.**

**Application Packet Check List**  
**2022 Summer Pre-Dental Enrichment Programs for 10<sup>th</sup> and 11<sup>th</sup> Graders**

**PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Gender at time of birth: Male  Female

Preferred gender identity: Male  Female  Other  Prefer not to answer

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

I am applying for (Circle):                      SPEP 10                      SPEP 11



**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.**

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 May 13, 2022**
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:  
2022 SPEP 10 AND SPEP 11  
Texas A&M College of Dentistry  
Office of Student Development  
Attn: Ms. Willie Alexander  
3302 Gaston Avenue, Room 365  
Dallas, TX 75246

***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@tamu.edu](mailto:walexander@tamu.edu)

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

**2022 SUMMER PRE-DENTAL ENRICHMENT PROGRAMS  
Texas A&M College of Dentistry**

**Please indicate the Summer Enrichment Program to which you are applying:**

- Summer Pre-Dental Enrichment Program for Rising 10<sup>th</sup> Graders (Current 9<sup>th</sup> Graders)**  
Program Dates: July 11 - 15, 2022
- Summer Pre-Dental Enrichment Program for Rising 11<sup>th</sup> Graders (Current 10<sup>th</sup> Graders)**  
Program Dates: July 11 - 15, 2022

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**PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK.**

1. Name: \_\_\_\_\_  
Last First Middle Initial
2. Date of Birth: \_\_\_\_\_ 3. Sex: Male  Female   
Month Date Year
4. Permanent Address: \_\_\_\_\_  
No. and Street Apt. No. City State Zip
- County: \_\_\_\_\_ Rural/Urban: \_\_\_\_\_
5. Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_
6. Citizenship: \_\_\_\_\_ (Country) If not a U.S. citizen, type of Visa: \_\_\_\_\_
7. Place of Birth: \_\_\_\_\_  
City State County

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8. Name and address of:  Father  legal guardian 9. Father:  living  deceased  
 \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name \_\_\_\_\_  
 \_\_\_\_\_ Home Phone No: \_\_\_\_\_  
No. and Street Apt. No. \_\_\_\_\_  
 \_\_\_\_\_ Business Phone No: \_\_\_\_\_  
City State Zip

10. Name and address of:  Mother  legal guardian 11. Mother:  living  deceased  
 \_\_\_\_\_ Occupation: \_\_\_\_\_  
Name \_\_\_\_\_  
 \_\_\_\_\_ Home Phone No: \_\_\_\_\_  
No. and Street Apt. No. \_\_\_\_\_  
 \_\_\_\_\_ Business Phone No: \_\_\_\_\_  
City State Zip

**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 perweek. \_\_\_\_\_

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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant's Name \_\_\_\_\_

(Please print)

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

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2. List any academic honors, awards, or other recognitions you have received while in middle school or high school.

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3. List and describe extracurricular or community activities, special interests and hobbies, etc. Indicate how you spend your leisure time.

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4. List leadership positions you have held in societies, organizations, etc.

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5. List names of other summer programs you are applying to or plan to participate in this summer (including band camp, cheerleading camp, etc.).

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**KNOWLEDGE OF PROGRAM:**

1. How did you learn about this program? \_\_\_\_\_

2. Did you participate in the COLLEGE OF DENTISTRY'S SPEP 10 Program? YES  NO

3. Did you participate in the COLLEGE OF DENTISTRY'S Project Dental Awareness Program while in elementary school? YES  NO

4. Did you come on a field trip to the COLLEGE OF DENTISTRY'S while in junior high or high school? YES  NO

5. Are you currently or was previously a member of the COLLEGE OF DENTISTRY'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.

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Applicant's Name \_\_\_\_\_  
(Please print)





**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
<b>Reliability</b> – Accuracy, thoroughness, integrity, promptness, conscientiousness...								
<b>Motivation</b> – Professional promise, interest, and enthusiasm ...								
<b>Emotional Stability</b> – Self-control, poise, behavior in class, judgment under difficult circumstances...								
<b>Social Values</b> – Sensitivity to needs of others...								
<b>Intellectual Curiosity</b> – Interest in learning, inquisitiveness...								
<b>Industry</b> – Drive, initiative, work habits, performance...								
<b>Personality</b> – Manners, courtesy, tact, enthusiasm, friendliness...								
<b>Leadership</b> – Ability to inspire confidence, self-confidence, decisiveness, deliberation...								
<b>Cooperativeness</b> – 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: \_\_\_\_\_ Email: \_\_\_\_\_

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**

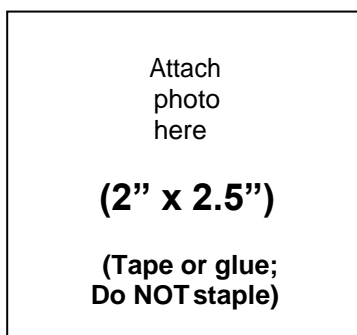
- American Indian     Alaskan Native     Black     Native Hawaiian/Pacific Islander     White
- Asian (specify national origin):  
 Vietnamese     Indian     Pakistani     Other \_\_\_\_\_
- More than once race: (Please Specify): \_\_\_\_\_
- Other (Please specify): \_\_\_\_\_

## **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: (Please Specify): \_\_\_\_\_
- Other (Please specify): \_\_\_\_\_

*Application photo: 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: \_\_\_\_\_