

SPEP Collegiate I at Texas A&M School of Dentistry

Summer Pre-Dental Enrichment Program for High School Seniors



**APPLY
NOW!**



(for current High School Seniors)



TEXAS A&M UNIVERSITY
School of Dentistry

2023 APPLICATION PACKET

for more information contact: Mrs. Janie Villarreal Phone: 214.828.8385 Email: jmvillarreal@tamu.edu

Website: <https://dentistry.tamu.edu>

TEXAS A&M SCHOOL OF DENTISTRY
2023 Summer Pre-Dental Enrichment Program (SPEP Collegiate I)
for Current High School Seniors

IMPORTANT INFORMATION: Program Dates: June 5 – July 6, 2023, Orientation: June 5, 2023

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 24, 2023.**
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:

2023 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 13 – 17, 2023.** Applicants will be notified of the decision regarding their application by **March 27, 2023.**
 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
Email: jmvillarreal@tamu.edu

8. **Tuition Policy for students out of Dallas County attending Mountain View:**

(ONLY applies to students NOT living in DALLAS COUNTY)

Per our Program policy: Students not living in Dallas County will pay a higher tuition fee for courses taken at Mountain View (partnering school). Texas A&M School of Dentistry will pay the in-county tuition fee and **the student will be responsible for paying the difference (students will receive a stipend to help pay the difference).**

2023 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.
- Current high school transcript including grades through fall 2022**
- I acknowledge that I have checked the Program dates and I am available the entire length of the program:**
SPEP Collegiate I Orientation is on **June 5, 2023** and the program runs from **June 5 – July 6, 2023**.
- Copy of College acceptance letter if available (letter must be on file before position can be offered)**
- I acknowledge that I have read and understood the program's tuition policy for attending Dallas College/Mountain View, if I live out of the Dallas County**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) \$3,425,785 and ~30% financed with non-governmental sources (Texas A&M School 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.

**2023 SUMMER PRE-DENTAL ENRICHMENT PROGRAM for
Current High School Seniors (SPEP Collegiate I)**

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

Student Information:

1. Name: _____
Last First Middle Initial
2. Date of Birth: _____
Month Day Year
3. Gender at time of birth: Male Female
 Preferred gender identity:
 Male Female Other Prefer not to answer
4. Age: _____
5. E-mail: _____
6. Address: _____
No. and Street Apt. No.
- _____
- City State Zip
7. Home Phone No: _____
- Cell Phone No: _____
8. Are you from a **rural** residential background: _____ **County of:** _____
9. Citizenship: _____ (Country) If not a U.S. citizen, type of Visa: _____
10. Place of Birth: _____
City State Country

Parent/Guardian Information:

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: _____
- Cell 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: _____
- Cell Phone No: _____

College Information - Colleges applied to:

Colleges accepted at:

College attending: _____ *(must provide copy of 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
English is not the applicant's primary language	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First language _____ Additional languages _____		
Middle or high school home responsibility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Single parent family	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employment while attending high school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First to graduate high school	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First to attend college	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overcame or is experiencing extreme hardship	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain briefly: _____

Other Yes No

Explain briefly: _____

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 School of Dentistry's Dental Awareness Program while in elementary? Yes No

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

4. Have you previously participated in any of the Texas A&M School 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 School 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)

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.

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.

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?).

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).



Applicant's Name: _____

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: _____

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.

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.

X _____
Applicant Signature Date

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Industry – Drive, initiative, work habits, performance ...								
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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:

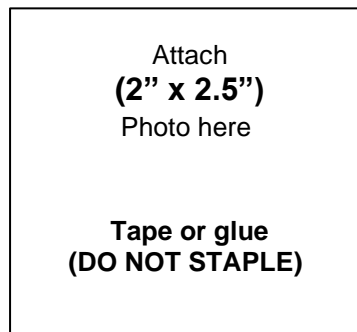
Non-Hispanic/Latino

- 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):
- 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.**



Signature: **X** _____

Date: _____