



TEXAS A&M UNIVERSITY
School of Dentistry

APPLICATION PACKET FOR:

**2023 SUMMER PRE-DENTAL ENRICHMENT
PROGRAM for Rising 10th GRADERS
(SPEP 10)
(Current 9th Graders)**

and

**2023 SUMMER PRE-DENTAL ENRICHMENT
PROGRAM for RISING 11th GRADERS
(SPEP 11)
(Current 10th Graders)**

Orientation Date: Saturday, July 15, 2023

Program Dates:

**July 17 - 21, 2023
8:00 a.m. – 12:00 p.m.**

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 \$3,425,785.00 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](https://www.hrsa.gov).

Application Packet Check List
2023 Summer Pre-Dental Enrichment Programs for 10th and 11th Graders

PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK.

Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Gender at time of birth: Male Female Other Prefer not to answer
Preferred gender identity: Male Female Other Prefer not to answer

School: _____

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 12, 2023**
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
2023 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

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

**2023 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 10th Graders (Current 9th Graders)

Program Dates: July 17- 21, 2023

Summer Pre-Dental Enrichment Program for Rising 11th Graders (Current 10th Graders)

Program Dates: July 17 - 21, 2023

PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK.

1. Name: _____
Last First Middle Initial

2. Date of Birth/Age: _____ 3. Sex: Male Female
Month Date Year Age

4. Permanent Address: _____
No. and Street Apt. No. City State Zip

County: _____ Rural/Urban: _____

5. Home Phone No: _____ Work Phone: _____

Cell Phone No: _____ Email: _____

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

7. Place of Birth: _____
City State County

8. Name and address of: Father legal guardian 9. Father: living deceased

Name

Occupation: _____

No. and Street Apt. No.

Home Phone No: _____

City State Zip

Business Phone No: _____

10. Name and address of: Mother legal guardian

11. Mother: living deceased

Name

Occupation: _____

No. and Street Apt. No.

Home Phone No: _____

City State Zip

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.

Applicant's Name _____
(Please print)

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

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

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

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

5. 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 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.

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
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: _____ 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

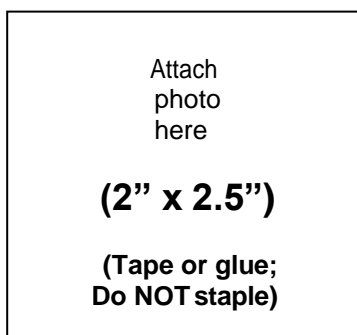
- American Indian Alaskan Native Black Native Hawaiian/Pacific Islander White
- Asian (specify national origin):
 Vietnamese Indian Pakistani Other _____
- More than once race: (Please Specify): _____
- Other (Please specify): _____

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: _____