APPLICATION INSTRUCTIONS FOR:

2021 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for Rising 10\textsuperscript{th} GRADERS (SPEP 10)
(Current 9\textsuperscript{th} Graders)

and

2021 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for RISING 11\textsuperscript{th} GRADERS (SPEP 11)
(Current 10\textsuperscript{th} Graders)

Orientation Date:  Saturday, July 11, 2021

Program Dates:
July 12 - 16, 2021
8:00 a.m. – 12:00 p.m.
Application Packet Check List
2021 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: ____________________________

School: ____________________________ E-Mail: ____________________________

Current Grade Level: ____________________________ 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 April 23, 2021.

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:
2021 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.

2021 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 12 - 16, 2021

☐ Summer Pre-Dental Enrichment Program for Rising 11th Graders (Current 10th Graders)
  Program Dates: July 12 - 16, 2021

PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK.

1. Name: ____________________________________________
   Last  First  Middle Initial

2. Date of Birth: _____________________________
   Month  Date  Year

3. Sex:   Male ☐  Female ☐

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

8. Name and address of:   ☐ Father   ☐ legal guardian
   Name: ____________________________________________
   No. and Street  Apt. No.
   City  State  Zip
   Occupation: ____________________________
   Home Phone No: ____________________________
   Business Phone No: ____________________________

9. Father:   ☐ living   ☐ deceased
   Occupation: ____________________________

10. Name and address of:   ☐ Mother   ☐ legal guardian
    Name: ____________________________________________
    No. and Street  Apt. No.
    City  State  Zip
    Occupation: ____________________________
    Home Phone No: ____________________________
    Business Phone No: ____________________________

11. Mother:   ☐ living   ☐ deceased
    Occupation: ____________________________

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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)

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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)
PARENTAL PERMISSION:

Parental/guardian consent is required for participation in the Summer Pre-Dental Enrichment Programs. Your parent(s) or guardian must sign below indicating consent.

APPLICATION DEADLINE: April 23, 2021

Applicant’s Name (Please print)  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 one letter of evaluation from your Science, English, Math or Career teacher.

Please use the enclosed EVALUATION FORM and list your evaluator’s name, position, address and phone number below under REFERENCE. Be sure to fill out the information at the top of the EVALUATION FORM.

EVALUATION REFERENCE:

1. Name  Position

2. Street Address  City  State  Zip  Phone

3. Email Address
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>
</tr>
</thead>
</table>

Address:

<table>
<thead>
<tr>
<th>Street Name</th>
<th>Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</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).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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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.

| Reliability – Accuracy, thoroughness, integrity, promptness, conscientiousness… | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 |
| 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 __________________________ Street Name __________________________ Street No. ______ Apt. # ______ 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): ________________________________________________________________

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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