

APPLICATION INSTRUCTIONS FOR  
TEXAS A&M HEALTH SCIENCE CENTER BAYLOR COLLEGE OF DENTISTRY'S  
**2011 Pre-College Summer Pre-Dental Enrichment Program  
for High School Seniors  
(Pre-College SPEP)**

**Program Dates: June 6 – July 15, 2011**

**Orientation: June 3, 2011**

**APPLICATION PACKET LIST**

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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 28, 2011.
3. Please make necessary arrangements to have all application documents (transcripts, letters of evaluation, etc.) bear ONE LAST NAME.
4. Two evaluation forms must be completed by teachers and/or counselors. They must know you personally and be qualified to evaluate you individually and academically. NO ADDITIONAL EVALUATIONS ARE NECESSARY. (Ask the teachers and/or counselors who complete 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:  
2011 Pre-College SPEP  
HSC- Baylor College of Dentistry  
Office of Student Development, Rm. 365  
Attn: Mrs. Janie Villarreal  
PO Box 660677  
Dallas, TX 75266-0677  
  
***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(s)
6. Personal interviews for up to 25 Pre-College SPEP applicants will be conducted the week of March 14-25, 2011. Applicants will be NOTIFIED OF THE DECISION regarding their application by April 30, 2011. Applicants must reply within one week of the date of notification.
7. Please notify Mrs. Villarreal promptly of any CHANGE OF ADDRESS.
8. Direct all communication concerning the STATE OF COMPLETION of your application to:

Mrs. Janie Villarreal  
Phone: 214.828.8385  
Fax: 214.874.4502  
Email: [jvillarreal@bcd.tamhsc.edu](mailto:jvillarreal@bcd.tamhsc.edu)

The Pre-College Summer Pre-Dental Enrichment Program is a Health Careers Opportunity Program (HCOP) which is sponsored by the Health Resources and Services Administration (HRSA) and the Texas A&M Health Sciences Center Baylor College of Dentistry.
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# 2011 PRE-COLLEGE SUMMER PRE-DENTAL ENRICHMENT PROGRAM (Pre-College SPEP) for High School Seniors

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Gender (Circle):     M     F  
School: \_\_\_\_\_  
School Address: \_\_\_\_\_  
School District: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Current Grade: \_\_\_\_\_  
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!



## Before Mailing, Please Check That Your Application Packet is Complete

### Please include in one large envelope:

- Completed Application Form:** Including social security number, email address, parent contact information, parent occupation and education, grade point average, all questions answered to the best of your ability and signatures of applicant and parents.
- Personal Statement:** The personal statement should be an essay, 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 2010**
- I have checked the Program dates and I am available the entire length of the program:** Pre-College SPEP Orientation is on June 3, 2011 and the program runs from June 6 – July 15, 2011.
- Copy of College acceptance letter if available**

# 2011 PRE-COLLEGE SUMMER PRE-DENTAL ENRICHMENT PROGRAM for High School Seniors (Pre-College SPEP)

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

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

**Student Information:**

1. Name: \_\_\_\_\_  
Last First Middle Initial
2. Preferred Name: \_\_\_\_\_
3. Social Security No: \_\_\_\_\_
4. Other name(s) under which academic work was pursued: \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_  
Month Day Year
6. Sex: Male  Female
7. Permanent Address: \_\_\_\_\_  
No. and Street Apt. No.  
City State Zip  
Email: \_\_\_\_\_
8. Home Phone No: \_\_\_\_\_  
Work Phone No: \_\_\_\_\_  
Cell Phone No: \_\_\_\_\_
9. Citizenship: \_\_\_\_\_ (Country)  
If not a U.S. citizen, type of Visa: \_\_\_\_\_
10. Place of Birth: \_\_\_\_\_  
City State County

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**Parent/Guardian Information:**

**Please fill this section out COMPLETELY**

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: \_\_\_\_\_  
Business 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: \_\_\_\_\_  
Business Phone No: \_\_\_\_\_

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**COLLEGE INFORMATION**

Colleges applied to/plan to apply:

\_\_\_\_\_

Colleges accepted at:

\_\_\_\_\_

College attending:

\_\_\_\_\_

If more space is needed, please attach a separate sheet

**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 a second language or bilingual  Yes  No
- Middle or high school home responsibility  Yes  No
- Single parent family  Yes  No
- Employment while attending high school  Yes  No
- Overcame or is experiencing extreme hardship  Yes  No

Explain \_\_\_\_\_  
 \_\_\_\_\_

Other  Yes  No

Explain \_\_\_\_\_  
 \_\_\_\_\_

8. List any health-related work or volunteer 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.

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

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

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12. 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? \_\_\_\_\_

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2. Have you been to HSC-Baylor College of Dentistry previously to tour the college or participate in field trip opportunities? Yes  No

3. 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 (including HSC-Baylor College of Dentistry programs) and activities and the years attended.

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**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 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?).**

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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.**

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**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.

Applicant's name: \_\_\_\_\_

	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: \_\_\_\_\_ 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 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 professional practice.**

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

**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.

Applicant's name: \_\_\_\_\_

	7	6	5	4	3	2	1	0
<b>Reliability</b> – Accuracy, thoroughness, integrity, promptness, conscientiousness ...								
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<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 ...								
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Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street No. Street Name Apt. #

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# STATISTICAL QUESTIONNAIRE

PLEASE PRINT USING BLACK INK

Name (Full legal): \_\_\_\_\_  
Last First Middle

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

Social Security Number:

Race or Ethnic Group:

American Indian    Alaskan Native    Asian    Black (Non-Hispanic)    Hispanic    White (Non-Hispanic)

Other (Please specify): \_\_\_\_\_

If of Asian descent, please indicate country of origin: \_\_\_\_\_

**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: \_\_\_\_\_