

APPLICATION INSTRUCTIONS FOR
TEXAS A&M HEALTH SCIENCE CENTER BAYLOR COLLEGE OF DENTISTRY' S

**2011 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for Rising 10th GRADERS
(SPEP 10)
(Current 9th Graders)**

**2011 SUMMER PRE-DENTAL ENRICHMENT PROGRAM
for RISING 11th GRADERS
(SPEP 11)
(Current 10th Graders)**

**Program Dates: June 6 – 10, 2011
8:00 a.m. – 12:00 p.m.**

Orientation for SPEP 10 and SPEP 11: June 6, 2011

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, 2011.
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:
2011 SPEP 10 AND SPEP 11
Texas A&M Health Science Center Baylor College of Dentistry
Office of Student Development
Attn: Ms. Willie Alexander
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 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@bcd.tamhsc.edu

The Summer Pre-Dental Enrichment Programs for 10th and 11th Graders are sponsored by the Robert Wood Johnson Foundation, the Health Resources and Services Administration and the Texas A&M Health Science Center Baylor College of Dentistry.

Application Packet Check List
2011 Summer Pre-Dental Enrichment Programs for 10th and 11th Graders
(SPEP 10 for current 9th Graders and SPEP 11 for current 10th Graders)

PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK.

Name: _____	Social Security Number: _____
Address: _____	City/State/Zip: _____
Home Phone: _____	Cell Phone: _____
Gender (Circle): M F	Other Phone: _____
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 SPEP11



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 include your social security number, email address, parent contact information and occupation, grade point average and signatures of applicant and parents.
- Personal Statement:** The personal statement should be an essay, one page in length, explaining your interest in dentistry, your career goals and why you hope to participate in this program.
- One Completed Evaluation Form:** Did you fill out the top portion of your evaluation sheet? A Math, English, Science or Career teacher must complete one evaluation form. The completed evaluation form must be in a sealed envelope with the teacher'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.
- Official High School Transcript:** You must include an official copy of your transcript with grades for the Fall semester with this application. **Unofficial transcript and report cards are NOT acceptable!**
- I have checked the dates of the program to which I am applying and I am available the entire length of the program:** The programs run June 6-10, 2011. SPEP 10 and SPEP 11 Orientation will be on June 6, 2011.

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

2011 SUMMER PRE-DENTAL ENRICHMENT PROGRAMS
Texas A&M Health Science Center Baylor 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: June 6-10, 2011
- Summer Pre-Dental Enrichment Program for Rising 11th Graders (Current 10th Graders)**
Program Dates: June 6-10, 2011

PLEASE TYPE OR PRINT YOUR INFORMATION IN BLACK INK.

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: _____ 6. Sex: Male Female
Month Date Year
7. Permanent Address: _____
No. and Street Apt. No. City State Zip
8. Home Phone No: _____ Work Phone No: _____
Cell Phone No: _____ Email: _____
9. Citizenship: _____ (Country) If not a U.S. citizen, type of Visa: _____
10. Place of Birth: _____
City State County

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11. Name and address of: father legal guardian 12. Father: living deceased
Occupation: _____
Name _____
Home Phone No: _____
No. and Street _____ Apt. No. _____
Business Phone No: _____
City _____ State _____ Zip _____
13. Name and address of: mother legal guardian 14. Mother: living deceased
Occupation: _____
Name _____
Home Phone No: _____
No. and Street _____ Apt. No. _____
Business Phone No: _____
City _____ State _____ Zip _____

PERSONAL STATEMENT:

1. 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** statement on a separate, attached sheet of paper and keep length to approximately 250 words (one full page). **Handwritten essays are not acceptable.**

2. List any work or volunteer experiences.

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

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

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

6. 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. Have you ever been to HSC-Baylor College of Dentistry on a field trip? YES NO

3. Have you participated in other HSC-Baylor College of Dentistry programs? YES NO
If yes, which one? _____

4. Have you participated in other summer or academic programs such as University Outreach, Upward Bound, Gear-Up, etc.? YES NO If yes, please list programs 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: May 13, 2011

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: _____
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.

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).

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

Preferred Name/Nickname: _____

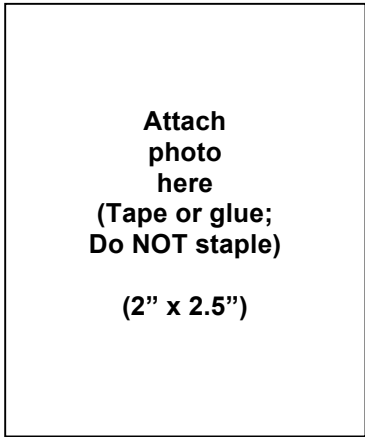
Social Security Number:

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: _____



Signature: _____

Date: _____