

APPLICATION INSTRUCTIONS FOR  
TEXAS A&M HEALTH SCIENCE CENTER BAYLOR COLLEGE OF DENTISTRY' S  
**2011 SUMMER PRE-DENTAL ENRICHMENT PROGRAM**  
**for 12<sup>th</sup> Graders**  
**(SPEP 12)**

(For current 11<sup>th</sup> graders)

**Program Dates: June 20 – August 1, 2011**  
**8:30a.m. – 3:00p.m.**

**Orientation: June 17, 2011**

**Awards Ceremony: Monday evening, August 1, 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 February 11, 2011.
3. Please make necessary arrangements to have all application documents (transcript, letters of evaluation, etc.) bear ONE LAST NAME.
4. Two evaluation forms must be completed – one by a Math, Science or English teacher, and the second by a career teacher or academic counselor. Teachers must know you personally and be qualified to evaluate you individually and academically. NO ADDITIONAL EVALUATIONS ARE NECESSARY. (Ask the teachers who complete your evaluation forms to place them in an envelope, seal the envelope, sign across the seal, and return the forms to you to submit with your application.)
5. All application materials must be mailed to:  
2011 SPEP 12  
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 forms in sealed envelopes
  - Statistical questionnaire and photograph
  - **Official** high school transcript(s)
6. Interviews for up to 35 applicants for the Summer Pre-Dental Enrichment Program for 12<sup>th</sup> Graders will be conducted March 14-18, 2011. Applicants will be NOTIFIED OF THE DECISION regarding their application by April 1, 2011. Applicants must reply within two weeks of the date of notification.
7. Please notify Ms. Alexander promptly of any CHANGE OF ADDRESS.
8. 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 Program for 12 <sup>th</sup> Graders is 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**  
for the  
**2011 Summer Pre-Dental Enrichment Program**  
**for 12<sup>th</sup> Graders**  
**(SPEP 12)**  
(For current 11<sup>th</sup> graders only)

**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!



**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. Include your social security number, email address, parent contact information, parent occupation and education, grade point average 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:** A Math, English or Science teacher must complete one form. A career teacher or academic counselor must complete the other form. 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.
- Official High School Transcript:** You must include an official copy of your transcript with grades for the Fall semester with this application. **Unofficial transcripts 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:** SPEP 12 Orientation is on June 17, 2011 and the program runs from June 17-August 1, 2011. The SPEP 12 Awards Ceremony will be on Monday evening, August 1, 2011.



**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 difficult circumstances  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.

---

---

---

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. 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 ones? \_\_\_\_\_

---

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.

---

---

---

### 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)

## PARENTAL PERMISSION:

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

**APPLICATION DEADLINE: February 12, 2011**

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
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 two letters of evaluation: one from your Science, Math or English teacher and one from a Career teacher or Academic counselor.

Please use the enclosed EVALUATION FORMS and list your evaluators' names, positions, addresses and phone numbers below under REFERENCES. Be sure to fill out the information at the top of each EVALUATION FORM.

## EVALUATION REFERENCES:

1. \_\_\_\_\_  
Name Position Email Address

\_\_\_\_\_  
Street Address City State Zip Phone

2. \_\_\_\_\_  
Name Position Email Address

\_\_\_\_\_  
Street Address City State Zip Phone

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

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.

\_\_\_\_\_  
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 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.

	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: \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
(Please print)

# STATISTICAL QUESTIONNAIRE

PLEASE PRINT USING BLACK INK

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

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

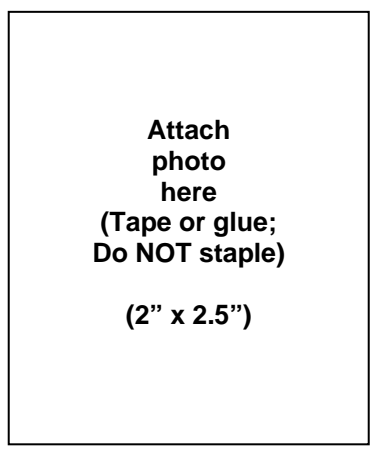
Social Security Number:

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: \_\_\_\_\_



Signature: \_\_\_\_\_

Date: \_\_\_\_\_