



TEXAS A&M
HEALTH SCIENCE CENTER
 BAYLOR COLLEGE OF DENTISTRY

2012 - 2013 POST-BACCALAUREATE PROGRAM

Applications will only be accepted after January 23, 2012. APPLICATION DEADLINE: MARCH 9, 2012

1. Personal Data (PLEASE TYPE OR WRITE CLEARLY)

Name (*full legal name*): _____

Other names used (*i.e., maiden or nickname*): _____

Current street address: _____

City: _____ State: _____ Zip: _____

Current telephone #: _____ Cell phone #: _____

Permanent address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Gender: Male Female

Social Security #: _____ Date of birth: _____ Age: _____

What entering class year(s) did you apply to TAMHSC-Baylor College of Dentistry: _____

Most recent college attended: _____ Year: _____

Please name the college(s) you earned degree(s) from:

College: _____ Major: _____ Degree: _____ Year: _____

College: _____ Major: _____ Degree: _____ Year: _____

Please indicate a person who is generally knowledgeable of your whereabouts:

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ E-mail: _____

2. Knowledge of Program

How did you learn about this program? _____

Did you participate in TAMHSC-BCD's Dental Awareness Program while in elementary school? yes no

Did you come on a field trip to TAMHSC-BCD's while in high school? yes no

Have you previously participated in any TAMHSC-BCD's summer enrichment programs? yes (please specify below) no

SPEP 10 year: _____ SPEP 11 year: _____ SPEP 12 year: _____ Pre-College SPEP year: _____

SPEP-Collegiate year: _____

3. Race or Ethnicity:

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): _____

4. Financial Aid Status

Did you receive financial aid as an undergraduate? YES _____ NO _____

Have you ever been in default on a student loan? If yes, please explain below.

(Attach additional sheet if necessary.)

5. Academically and/or Economically Disadvantaged Checklist

*Use the following websites to help you answer questions 4, 5, 11, 12, and 13).

#4 – <http://www.tea.state.tx.us>

#5 – <http://ritter.tea.state.tx.us/ayp/2010/distcampfinal10.pdf>

#11 – <http://hpsafind.hrsa.gov>

#12 – http://en.wikipedia.org/wiki/Lowest-income_counties_in_the_United_States

#13 – <http://www.irp.wisc.edu/faqs/faq1.htm#hhs>

Please reply to each statement.

- 1) 1st generation to earn baccalaureate degree.....YES _____ NO _____
- 2) 2nd generation to earn baccalaureate degree.....YES _____ NO _____
- 3) English is a second language.....YES _____ NO _____
(1st language: _____)
- 4) *Resident of financially poor school district.....YES _____ NO _____
(Name of school district: _____)
- 5) *Attended low-performing high school.....YES _____ NO _____
(Name of high school: _____)
- 6) Middle or high school home responsibility.....YES _____ NO _____
- 7) Grew up in a single-parent familyYES _____ NO _____
- 8) Non-traditional student, including older age.....YES _____ NO _____
(Explain: _____
_____)
- 9) Employment while attending college.....YES _____ NO _____
(Average number of hours worked per week: _____)
- 10) Overcame or is experiencing extreme hardshipYES _____ NO _____
(Explain: _____)
- 11) *Resident of a county designated as underserved by health professionals
YES _____ NO _____ (County: _____)
- 12) *Resident of lowest 10% per capita income county..YES _____ NO _____
(County: _____)
- 13) *From a family with an annual income below a level based on low-income thresholds according to family sizeYES _____ NO _____
(Average income over last 5 years: \$ _____ Number in family: _____)
- 14) Other (explain): _____

6. **Statement of Intent.** On a separate sheet, please submit a typed, one-page concise statement detailing the following: your present academic status, personal or educational hardships you have overcome, why you consider yourself disadvantaged*, what you expect to gain from participation in TAMHSC-Baylor College of Dentistry's Post-Baccalaureate Program, and how you plan to provide dental care to underserved populations or practice in communities with limited access to dental healthcare.
7. **Letters of Recommendation.** Please submit **one letter of recommendation from a pre-dental advisor or two letters from science professors who taught you.** Letters from community clinics, volunteer agencies or any other related experiences **cannot** replace letters from pre-dental advisors or science professors. Please ask the persons who write your recommendations to place them in a sealed envelope, write their signature across the seal, and give them to you to be sent in with your application.
8. **College Transcripts.** The most current versions of all your official transcripts (**from all accredited U.S. colleges/universities attended**) are required.
9. **DEADLINE. All application materials (including official transcripts) must be POSTMARKED between JANUARY 23 & MARCH 9, 2012.**

Please note that incomplete applications will not be considered, nor will we assume responsibility for notifying you as to whether your application is complete or incomplete. For information as to your application status, call Ms. Natasha Sneed at 214.828.8332.

Notification

All applicants will be notified of decisions by **April 13, 2012.**

Financial Responsibility

Each Post-Baccalaureate Program participant is responsible for all program-related costs, including tuition, fees, books, supplies and living expenses.

UNT's and UTD's Financial Aid Offices will assist students in securing financial aid for the fall and spring semesters, if necessary.

Please send completed application packet to:

**POST-BACCALAUREATE PROGRAM
TAMHSC-Baylor College of Dentistry
3302 Gaston Avenue, Rm. 365
Dallas, TX 75246**

*Note: An **academically disadvantaged** individual is one who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and ability to enroll in and graduate from a health professions school (examples: 1st or 2nd generation to earn a baccalaureate degree; English is a second language; resident of financially poor school district; attended low-performing high school; middle or high school home responsibility; single parent family; non-traditional student, including older age; employment while attending college; overcame or is experiencing extreme hardship resident of lowest 10% per capita income county). An **economically disadvantaged** individual is one who comes from a family with an annual income below a level based on low-income thresholds according to family size, published by the U.S. Census Bureau in the Federal Register, and adjusted annually for changes in the Consumer Price Index.

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STATEMENT OF AUTHENTICITY

Name: _____

SSN: _____

I certify that the information I am submitting is true and accurate. I agree to provide, if requested, official documentation to verify this information. I understand that false statements or misrepresentations in this application may result in disqualification and/or cancellation of my admission to TAMHSC-Baylor College of Dentistry's Post-Baccalaureate Program. I also consent to any investigation for clarification or verification of the information provided.

(Signature)

(Date)

