



Please return completed application by Friday, June 11, 2010

Dental Explorers Program Summer 2010 Application for Participation

In addition to the Herman Ostrow School of Dentistry of USC, this activity is supported in part by grants from the California Endowment. The goal of this program is to assist in the development of a diverse pool of talented students, including those from historically underrepresented and disadvantaged backgrounds who are committed to pursuing a career in dentistry. Personal data, including gender, ethnicity and social security number will remain confidential and will only be used to satisfy reporting requirements of the funding agencies.

PERSONAL INFORMATION Please print or type

Full Name: Last First Middle

Mailing Address: Address/Apt # City State Zip Code

Current Home Phone: Cell phone:

E-mail Address (required):

Social Security Number: Country of Citizenship:

Gender: M/F Date of Birth: Current Age:

Are you a current applicant to dental school? yes no

Emergency contact: Print Full Name Relationship:

Telephone Number 1 of Emergency Contact Telephone Number 2 of Emergency Contact

ETHNICITY Please check one

Table with 3 columns and 6 rows listing ethnicities: African American/Black, American Indian/Alaskan Native, Chinese/Chinese American, East Indian/Pakistani, Filipino/Filipino American, Japanese/Japanese American, Korean/Korean American, Mexican/Mexican American/Chicano, South or Central American, Middle Eastern/North African, Puerto Rican/Cuban/Caribbean, Vietnamese/Vietnamese American, White/Caucasian, Native Hawaiian or Pacific Islander, Multi-ethnic/Multi-racial, Other - please indicate.

Primary Language(s) spoken at home:

Other languages spoken by applicant:

EDUCATIONAL BACKGROUND Attach additional documents if necessary

Current School (high school or undergraduate): _____

Other School(s)/Institution(s) attended: _____

Undergraduate Degree Objective: _____ Major (s): _____

Undergraduate Current Class: ___ Freshmen ___ Sophomore ___ Junior ___ Senior

Grade (if high school): _____

Estimated overall GPA: _____ Expected Date of Graduation: _____

Please list any scholastic honors or awards that you have received: _____

If your education has not been continuous, please explain: _____

Please list your participation in student and/or community organizations: _____

Have you previously participated in any pre-dental/medical enrichment program? yes no

If yes, please provide details of that participation: _____

NARRATIVE Please attach additional sheets if necessary

Describe why you are interested in participating in the Dental Explorers Program.

How do you think you will benefit from this program?

What skills and personal characteristics do you possess that will enhance your pursuit of a career in dentistry?

Herman Ostrow School of Dentistry of USC
Office of Admissions and Student Affairs

NAME: _____
Please print: Last First Middle Initial

All students in the Dental Explorers Program are expected to take their participation seriously. Please read and acknowledge the following:

Dress: The Ostrow School of Dentistry is a graduate/professional school that trains future healthcare professionals. Direct patient care is provided in the various clinics within our building. As such, students, faculty and staff are held to a high standard of behavior and dress. As a participant in this summer program you will be expected to observe our dress and behavior standards as well.

In general, the code requires a neat, clean appearance. The following is not permitted: shorts; low riding pants of any kind; halter tops; tank tops; hats; tight revealing attire; logos other than school logos; open-toe shoes/flip-flops; and loud, boisterous behavior.

Women/Girls should wear: pants, dress, skirt; blouse, tee shirts, tennis shoes or dress shoes. Jeans are acceptable on certain days. The coordinator will inform students when it's appropriate. Men/Boys should wear: pants, shirt, tee shirts, tennis shoes or dress shoes. Jeans are acceptable on certain days. The coordinator will inform students when it's appropriate.

I agree to abide on the behavior and dress expectations: YES NO

Permission: Because dentistry is a clinical discipline, your experience may involve certain interactive activities such as taking impressions of teeth, making wax set-ups, taking x-rays, etc. Some of these procedures may require the use of sharp equipment. *Thus, parent consent is required for students under 18 years of age.* Please certify your age category:

I am at least 18 years old or older

I am *younger* than 18 years old (If under 18 years old, you are required to have the Parental Permission form completed and signed, **see attached form**).

I further agree to:

- | | | |
|---|------------------------------|-----------------------------|
| Fully participate in all scheduled activities | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Arrive punctually for each activity | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Maintain a serious and professional demeanor | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I understand that there is no fee for participation in this program and I am responsible for providing my own transportation, housing and food expenses. YES, I agree NO, I disagree

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 misrepresentation in this application may result in disqualification and/or cancellation of my invitation to participate in this activity.

Signature of applicant

Date

ALL PROGRAM PARTICIPANTS RECEIVE A DENTAL EXPLORERS T-SHIRT. WHAT SIZE T-SHIRT DO YOU WEAR (check one): XXL___ XL___ L___ M___ S___

PARENTAL PERMISSION

I hereby give my child, _____
(*please print child's name*)

permission to participate in various learning exercises to be conducted as part of the Summer Program being held at the Herman Ostrow School of Dentistry of USC.

I understand that as a part of this experience, my child may be allowed to handle instruments such as scalpels, probes and other sharp pieces of equipment.

I also grant permission to the Ostrow School of Dentistry of USC to expose x-rays and to take oral impressions of my child's mouth to be used as a part of my child's summer learning experience.

The undersigned certifies that he/she has read and is willing to comply with the foregoing, and is the parent/guardian with authority to give consent to the student participant.

Parent/Guardian's Signature: _____

Printed Name of Parent/Guardian: _____

Relationship to child: _____

Date: _____

Student: You must submit this form, signed by your parent or guardian with the application no later than Friday, June 11th in order to participate in the summer program.