

**2015 SUMMER LEARNING PROGRAM APPLICATION**

Deadline: February 20th, 2015

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | UF-ID *(if applicable)* | | | | | | | | | | | |
|  |  | | | | |  | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | |
| First Name | Last Name | | | | | MI | | Preferred Name | | | | |
|  |  | | | | |  | |  | | | | |
| Date of Birth | Gender | | | | | Cell Phone | |  | |  | |  |
|  |  | | | | |  | |  | |  | |  |
| Home Phone | Email | | | | |  | |  | |  | |  |
|  |  | | | | | | |  | |  | |  |
| Current Address | | | | | | | | Apt/Unit # | | | | |
|  | | | | | | | |  | | | | |
| City | State | | | | Zip Code | | | Last date to use this address *(if applicable)* | | | | |
|  |  | | | |  | | |  | | | | |
| Permanent Address | | | | | | | | Apt/Unit # | | | | |
|  | | | | | | | |  | | | | |
| City | State | | | | Zip Code | | | Last date to use this address *(if applicable)* | | | | |
|  |  | | | |  | | |  | | | | |
| **RESIDENCY INFORMATION** | | | | | | | | | | | | |
| Are you a legal Florida resident? |  | | Yes | |  | | No | If yes, how many years have you been a Florida resident | | | |  |
|  | |  | |  |
| Are you a United States citizen? |  | | Yes | |  | | No | If yes, how many years have you been a US citizen? | | | |  |
|  | |  | |  |
| If foreign-born, where were you born? | | | | |  | | | How many years have you been in the US? | | | |  |
|  | | |  |
| **DISADVANTAGED STATUS** | | | | | | | | | | | | |
| I am: |  |  | | Financially Disadvantaged | | | |  |  | | Educationally Disadvantaged | |
| Briefly explain why you consider yourself disadvantaged: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What is your ethnic origin?** *(Please check all that apply)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | I am Spanish/Hispanic/Latino/Latina | | | | | | | | | |  | I am **NOT** Spanish/Hispanic/Latino/Latina | | | | | | | | |
|  | | | |  |
|  | | | | American Indian or Alaskan Native | | | | | |  | | | |  | Native Hawaiian or Pacific Islander | | | | | | | |  |
|  | | | |  |
|  | | | | Asian | | | | | |  | | | |  | White | | | | | | | |  |
|  | | | |  |
|  | | | | Black or African American | | | | | |  | | | |  | Other, Specify: | | | |  | | | | |
|  | | | |  |  | | | | |
| **SCHOOL** | | | |  | | | | | |  | | | |  |  | | | | | | | |  |
| What is your current enrollment status? | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Freshman | | |  | Sophomore | |  | Junior | | |  | Senior | | |  | | Grad Student | | |  | None | | |
| What school do you *currently* attend? | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| What year do you plan on enrolling in dental school? | | | | | | | | | | | | | |  | What is your overall GPA? | | | | | | | |  |
|  |  |
| What **high school** did you graduate from? | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | |
| What year did you graduate from high school? | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | |
| **COURSEWORK** | | | | | | | | | | | | | | | | | | | | | | | |
| List ALL college-level science courses you have completed and the colleges or universities where you completed them. **IMPORTANT: Include a copy of your most recent transcripts. Please do not have it forwarded to the UF Admissions Office because our program office will not receive it.** | | | | | | | | | | | | | | | | | | | | | | | |
| **Science Courses taken at Institution 1** | | | | | | | **Science Courses taken at Institution 2** | | | | | | | | | | **Science Courses taken at Institution 3** | | | | | | |
| Institution 1: | | |  | | | | Institution 2: | | | |  | | | | | | Institution 3: | | |  | | | |
| Major: | | |  | | | | Major: | | | |  | | | | | | Major: | | |  | | | |
| **Course Name** | | | **Term/YYYY** | | | | **Course Name** | | | | **Term/YYYY** | | | | | | **Course Name** | | | **Term/YYYY** | | | |
|  | | |  | | | |  | | | |  | | | | | |  | | |  | | | |
|  | | |  | | | |  | | | |  | | | | | |  | | |  | | | |
|  | | |  | | | |  | | | |  | | | | | |  | | |  | | | |
|  | | |  | | | |  | | | |  | | | | | |  | | |  | | | |
|  | | |  | | | |  | | | |  | | | | | |  | | |  | | | |
|  | | |  | | | |  | | | |  | | | | | |  | | |  | | | |
|  | | |  | | | |  | | | |  | | | | | |  | | |  | | | |
|  | | |  | | | |  | | | |  | | | | | |  | | |  | | | |
|  | | |  | | | |  | | | |  | | | | | |  | | |  | | | |
|  | | |  | | | |  | | | |  | | | | | |  | | |  | | | |

**DENTAL-RELATED EXPERIENCES**

List your dental-related experiences, if any, that you have had through summer programs, leadership positions, observations, workshops, etc. This can also include dental hands-on work, dental education, etc.

|  |
| --- |
|  |

If you listed dental-related experiences above, please tell us which experience was your most significant and why.

|  |
| --- |
|  |

**LETTER OF RECOMMENDATION**

Please include one **character** reference from a non-relative in your application.

* This is a letter of recommendation written by a person of your choice who can speak about **your** **character**.
* The letter should be sealed in an envelope.

|  |  |
| --- | --- |
| Name of recommender: |  |
| Title of recommender: |  |

**PERSONAL STATEMENT**

Please attach a one-page statement about yourself to this application.

**Suggested topics include:**

* Your interest and motivation towards the field of dentistry.
* Your accomplishments and goals
* Any other topic you deem relevant to your application.

**SLP PARTICIPANT GUIDELINES**

UFCD has established the following SLP Participant Guidelines to help ensure personal safety and the protection of property. SLP participants are responsible for familiarizing themselves with these guidelines and abiding by them during their visit to campus. Failure to do so may result in removal from the program and/or further disciplinary action.

**NOISE** - Each participant is responsible for keeping noise levels to a minimum at all times so that others are not disturbed.

**TRASH DISPOSAL** - Please recycle aluminum, glass, and paper in designated recycling receptacles. Place all trash in the trash chute provided on each floor. Large trash items (i.e.: pizza boxes) can be placed in large cans on the floors, or take them down to the dumpsters outside the building.

**DECORATIONS** - Do not paint rooms or decorate windows, door frames, hallways, or walls using nails, stickers, tape, or other items that may cause marring, chipping, holes etc. Using shaving cream, soap, streamers, or contact paper on residence hall facilities and windows is prohibited.

**ROOFS, LEDGES & PIT** **AREAS** - Access to roofs, ledges, and pit areas is strictly prohibited. Climbing the outside of buildings is also prohibited.

**SECURITY** - Residence hall security is a shared responsibility. Always lock your door and carry your keys and/or entry card. Do not lend your keys and/or entry card to others. DO NOT PROP OPEN ANY FLOOR OR BUILDING DOORS. Report suspicious persons or behavior to a Housing Official. Do not let people who are not part of your group into your program area.

**ELEVATORS** - Participants are not permitted to ride any elevator labeled as FREIGHT ONLY.

**WINDOW SCREENS** - Window screens must remain in place at all times for safety and to help control insects.

**THROWING OBJECTS FROM WINDOWS** - Throwing anything from windows is strictly prohibited. Conference guests are responsible for personal injuries, property damage, or cleanup charges resulting from this action. All windows must \*\*\*ALWAYS\*\*\* remain closed and secured.

**FURNITURE** - All furniture must remain in its original location and “set-up status” at all times. Do not remove, relocate, or alter furniture.

**POSTING OF SIGNS & INFORMATION** - All posters and notices must be approved by the Area Office with respect to content and location of placement. Non-approved or unauthorized posters are prohibited and will be removed. Signs, posters, etc. are not permitted in any window.

**ALLIGATORS** - For your safety and in compliance with State Statute, do not feed, tease, throw things, or go near alligators or other wildlife.

**ALCOHOL** - In compliance with state law, no person under 21 years of age may possess or consume alcoholic beverages in the residence halls or on adjoining property outside the residence halls. No person may possess open containers of or consume alcoholic beverages outside the residence halls or in public areas inside the residence halls. Any University Official has the right to ask for I.D. when questioning the legal drinking status of a person. It is a violation of State Statute for those 21 years of age or older to purchase or provide alcoholic beverages for persons under 21 years of age. Alcohol is subject to confiscation. No alcohol is permitted in the residence halls for camps/groups with participants under the age of 21. Counselors of youth camps/groups may not consume or possess alcohol.

**SMOKING** - In compliance with state law, smoking tobacco products or any other substance is prohibited in all housing facilities, including stairwell towers, balconies, landings, and entryways. Smoking is prohibited on all university property... whether inside or outside a building.

**DRUGS** - In compliance with state or federal laws, the illegal possession, sale, or use of drugs is prohibited. Inhaling or ingesting substances (e.g. nitrous oxide, glue, paint, etc.) that will alter your mental state is prohibited. Possession of drug related paraphernalia (e.g. bongs, pipes, etc.) is prohibited in the residence halls and such items are subject to confiscation.

**RECREATIONAL WHEELED DEVICES** - The use of recreational wheeled devices (including, but not limited to, skateboards, scooters, roller skates, or in-line skates) is prohibited anywhere in or around the residence halls, including stairwell towers.

**DISORDERLY CONDUCT** - Behavior disruptive to orderly community living is prohibited. This includes, but is not limited to, bouncing or kicking balls on the floor/hallways or in any public area around the residence hall, throwing items in hallways and public areas, fighting, pranks, or other behavior which may cause physical injury or damage to the facilities or is potentially dangerous to participants’ health and well-being.

**IN CASE OF FIRE** - Everyone MUST EXIT the building immediately when the fire alarm sounds. Participants cannot re-enter the building until the alarm has been shut off and the Fire Department or other University personnel indicates that it is safe to do so. The exit you should use is marked on the evacuation map behind your room door. DO NOT use elevators during a fire alarm. Call the University Police Department (UPD) at 392-1111 or notify the front desk if you observe smoke or fire. DO NOT TAMPER AT ANY TIME WITH FIRE ALARM EQUIPMENT.

**Initial in the boxes below indicating your agreement to the program guidelines**

|  |  |
| --- | --- |
|  | I have read the SLP Participant Guidelines and agree to comply with these guidelines during the entirety of the Summer Learning Program regardless of whether I am residing on or off campus. |
|  | I understand that participation in the SLP program is three weeks *(must be able to participate ALL 3 weeks)* and if admitted into the program that I must abide by the rules and regulations of the University of Florida. |
|  | My signature below constitutes my pledge that all information submitted is accurate to the best of my knowledge. |
|  | I will not apply to dental schools in the 2015-2016 application cycle (for the entering class of 2016). |

**IMPORTANT**

**Application Checklist**

* Applicant information completed
* Most-recent official transcripts **attached** (Our office does not receive transcripts forwarded to UF Admissions)
* One character letter of recommendation **attached**
* Personal statement **attached**
* Initialed the Program Guidelines Agreement
* Application form, signed and dated

Return this application along with all materials and forms by February 20th, 2015 to:

**Summer Learning Program**

**UF College of Dentistry**

**PO Box 100445**

**Gainesville, FL 32610-0445**

|  |  |
| --- | --- |
| Signature: |  |
| Print Name: |  |
| Date: |  |

*For any questions or concerns regarding the Summer Learning Program, please contact the Summer Learning Program team via   
e-mail (summerlearningprogram@dental.ufl.edu) or by phone (352-273-9618).*