

The two-week USC Dental Explorers Program (DEP) offers an exciting learning opportunity for exceptionally motivated undergraduate and post-baccalaureate students. The goal of this program is to assist in the development of a diverse pool of future professionals by introducing talented students, especially those from historically underrepresented, low socioeconomic and/or disadvantaged backgrounds to the dental profession.

The curriculum includes team building exercises, clinic shadowing experiences, a variety of hands-on clinical exercises and lectures on topical dentistry issues. All participants are expected to attend all sessions of the program and keep a daily journal of activities. A luncheon reception for participants and their parent(s) or guardian(s) will be held on the final day of the program.

There is a **\$25 fee** for the program and no stipend is provided. Participants are required to provide their own lodging, transportation and cover any parking fees and other personal costs. A \$5.00 lunch voucher, accepted only at on-campus dining venues will be provided daily.

Because the Herman Ostrow School of Dentistry of USC is a health care facility, all faculty, staff and students (including Dental Explorer students) are required to agree and adhere to the school's dress and behavior standards. These standards require a professional appearance and demeanor at all times. Non-complying participants will be dismissed from the program. Specific information regarding these standards will be provided upon acceptance.

The program will begin on **July 18, 2016 through July 29, 2016** (Monday through Friday only). The program will run from 8:45 a.m. to 4:00 p.m. daily.

Enrollment is strictly limited and the deadline for application is **Friday, June 3, 2016**.

Phone Interview Process:

Students considered highly for a position in the program must go through a phone interview appointment. Phone interviews will be conducted within a week following the application deadline.

Letter of Recommendation:

At least one letter of recommendation from a teacher/professor or advisor/counselor is highly recommended, but not required. The letter must mention why he or she feels you would be an ideal student for this program. The recommendation may also focus on your academic performance, leadership qualities, and special skills and talents. It is best to have the letter enclosed in a sealed envelope with the application.

Age Requirement:

All participants must be 18 years or older.

ETHNICITY (Please check one)

<input type="checkbox"/> African American/Black	<input type="checkbox"/> Korean/Korean American	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Mexican/Mexican American/Chicano	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Chinese/Chinese American	<input type="checkbox"/> South or Central American	<input type="checkbox"/> Multi-ethnic/Multi-racial: _____
<input type="checkbox"/> East Indian/Pakistani	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Other - please indicate: _____
<input type="checkbox"/> Filipino/Filipino American	<input type="checkbox"/> Puerto Rican/Cuban/Caribbean	
<input type="checkbox"/> Japanese/Japanese American	<input type="checkbox"/> Vietnamese/Vietnamese American	

Primary Language(s) spoken at home: _____

Other languages spoken by applicant: _____

EDUCATIONAL BACKGROUND (Attach additional documents, if necessary)

Current School (undergraduate/post-bacc): _____

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

Undergraduate Degree Objective: _____ Major (s): _____

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

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 (circle one)

If yes, please provide details of that participation: _____

Are you a current or previous applicant to dental/dental hygiene school? yes no (circle one)

If no, when will you be applying?(If applicable) _____

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 Herman 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 (Circle one)

I am at least 18 years old or older, or will turn 18 when the program begins: YES NO (Circle one)

I further agree to: (Circle One)

Fully participate in all scheduled activities	YES	NO
Arrive punctually for each activity	YES	NO
Maintain a serious and professional demeanor	YES	NO

I understand that there is a \$25 fee for participation in this program and I am responsible for providing my own transportation, housing, and personal expenses.

YES, I agree NO, I disagree (Circle one)

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___