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.
Please send all application materials and $25 fee to:

Herman Ostrow School of Dentistry of USC
Office of Admissions and Student Affairs
Attn: Dental Explorers Program
925 West 34th Street, DEN 201
Los Angeles, CA 90089-0641

Or via fax at (213) 740-8109,
Attn: Dental Explorers Program
Or via email to uscsdadm@usc.edu

Please make check or money order payable to USC School of Dentistry. In the memo, write “Dental Explorers Program.”

For any inquiries, please contact Mr. David Merrill
Phone: (213) 740-2851
Email: davidmer@usc.edu

Or via email to uscsdadm@usc.edu

Thank you for your interest in the Herman Ostrow School of Dentistry of USC, Dental Explorers Program.

Please return completed application by Friday, June 3, 2016 before 5:00 pm (Pacific Time)

USC Dental Explorers Program
Summer 2016
Application for Participation

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, or the healthcare profession. Priority consideration is given to college freshman, sophomores, and juniors. Personal data, including gender, and ethnicity will remain confidential and will only be used to satisfy reporting requirements of the funding agencies and for statistical purposes.

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): ________________________

Country of Citizenship: _________________

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

Emergency contact: ________________________  Relationship: ________________________
Print Full Name

Telephone Number 1 of Emergency Contact  Telephone Number 2 of Emergency Contact
ETHNICITY  (Please check one)

- [ ] African American/Black
- [ ] Korean/Korean American
- [ ] White/Caucasian
- [ ] American Indian/Alaskan Native
- [ ] Mexican/Mexican American/Chicano
- [ ] Native Hawaiian or Pacific Islander
- [ ] Chinese/Chinese American
- [ ] South or Central American
- [ ] Multi-ethnic/Multi-racial: ___________
- [ ] East Indian/Pakistani
- [ ] Middle Eastern/North African
- [ ] Other - please indicate: ___________
- [ ] Filipino/Filipino American
- [ ] Puerto Rican/Cuban/Caribbean
- [ ] Japanese/Japanese American
- [ ] 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) __________________________
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?
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___