The two-week USC Dental Explorers Program (DEP) offers an exciting learning opportunity for exceptional and motivated college-bound high school students with a parallel core offering for currently-enrolled college 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 no 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 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 21, 2014 through August 1, 2014** (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 6, 2014**.

**Parental Permission:**
If you are under 18 years of age, you will be required to complete and submit the Parental Permission form, which is attached to the application. The form must be signed by your parent or guardian in order to participate in the summer program.

**Phone Interview Process:**
College students considered highly for a position in the program must go through a phone interview appointment. A phone interview is not required for high school students. 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.
Please send all application materials to:

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

For any inquiries, please contact Mr. Ryan Pineda, M.Ed., Counselor & Coordinator
Voice: (213) 740-2851
Email: rcpineda@usc.edu
Thank you for your interest in the Ostrow School of Dentistry of USC, Dental Explorers Program.

Please return completed application by Friday, June 6, 2014 before 5:00 pm (Pacific Time)

USC Dental Explorers Program
Summer 2014
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. 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: __________ Date of Birth: ________________ Current Age: ________________
M/F

Are you a current or previous applicant to dental school? ☐ yes ☐ no

Emergency contact: __________________________ Relationship: ____________________
Print Full Name

Telephone Number 1 of Emergency Contact   Telephone Number 2 of Emergency Contact
**ETHNICITY**

Please check one

<table>
<thead>
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<th>Korean/Korean American</th>
<th>White/Caucasian</th>
</tr>
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<tbody>
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<td>Mexican/Mexican American/Chicano</td>
<td>Native Hawaiian or Pacific Islander</td>
</tr>
<tr>
<td>Chinese/Chinese American</td>
<td>South or Central American</td>
<td>Multi-ethnic/Multi-racial</td>
</tr>
<tr>
<td>East Indian/Pakistani</td>
<td>Middle Eastern/North African</td>
<td>Other - please indicate:__________</td>
</tr>
<tr>
<td>Filipino/Filipino American</td>
<td>Puerto Rican/Cuban/Caribbean</td>
<td></td>
</tr>
<tr>
<td>Japanese/Japanese American</td>
<td>Vietnamese/Vietnamese American</td>
<td></td>
</tr>
</tbody>
</table>

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?
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 □ YES □ NO
- Arrive punctually for each activity □ YES □ NO
- Maintain a serious and professional demeanor □ YES □ NO

I understand that there is no 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

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____
USC Dental Explorers Program
Summer 2014

PARENTAL PERMISSION
(If under the age of 18)

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 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 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 6th in order to participate in the summer program.