**Application** Deadline for Applications: May 1st, 2019

**Impressions Program 2019**

**PERSONAL INFORMATION**

First Name Initial Last Name

Gender Ethnicity (Optional) Age

Phone Number E-mail

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CURRENT ADDRESS**Address  |  |  |  | Apt/Unit # |
| City |  | State |  | Zip Code |
| **PERMANENT ADDRESS**Address |  |  |  | Apt/Unit # |
| City |  | State |  | Zip Code |
| **ACADEMIC INFORMATION**Name of InstitutionMajor/MinorCurrent Status (Place asterisk on selection/ underline)  | Freshman | Sophomore | Junior | Senior |  |
| Institution AddressCity |  |  | State |  | Zip Code |

**ADDITIONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| T-shirt Size (underline) SmallFamily's Socioeconomic Status (Optional) |  Medium | Large | X- Large |
|  Lower SES Middle SES | Upper SES |  |  |

Food Allergies?

**PRE-DENTAL EXPERIENCES:** *Please answer the dental-related questions below by Underlining the selected choice*

|  |  |
| --- | --- |
| 1. Have you had any shadowing experience in a dental office or clinic? Yes No | 2. Have you ever worked in a dental office? Yes No |
| 3. Have you ever done any dental related community service? Yes No | 4. Have you ever had any dental related research experience? Yes No |
| 5. Have you done any dental-related mission trips? Yes No | 6. Do you have any family members/relatives who are dentists? Yes No |
| 7. Have you participated in an Impressions Program before? Yes No | 8. Have you ever applied to dental school before? Yes No |

If answered "Yes" to any of the above questions, please briefly explain below:

|  |  |  |
| --- | --- | --- |
| **EMERGENCY CONTACT**Primary Contact Name | Relationship | Phone Number |
| Secondary Contact Name | Relationship | Phone |
| I am aware that the Impressions Program will take place at the University of Florida College of Dentistry in Gainesville, FL. Yes NoI am aware that the Impressions Program is a full-day event scheduled for June 1th, 2019 Yes NoIf selected, I am aware that I must attend all portions of the Impressions Program.  Yes NoI am aware of the application deadline and understand that my application will not be considered if submitted past this date Yes No |  |

**I PLEDGE THAT ALL INFORMATION IS ACCURATE AND TO THE BEST OF MY KNOWLEDGE**

Signature Date

*\*Typing your name can and will serve as an official signature\**

**Short Answer Question #1:**

There is a shortage of access to dental care. In most cases, this is due to a shortage of practitioners in under-served communities. One approach to solving this pressing issue is to get more minorities and individuals from under-served communities to become dentists in hopes that they will return to their communities and increase access to care. In the space provided (500 word limit), state what you think about the above approach. Use past experiences to support your thoughts.

**Short Answer Question #2:**

Why does the field of dentistry interest you, and how will you benefit from participating in the Impressions Program?

(500 word limit)

**IMPORTANT:** Application must be completed and submitted by **May, 1st, 2019** to be considered.

Please e-mail **ufcdsnda@dental.ufl.edu** for any questions, concerns, **AND to submit your application.** \*\*Notifications on the decision of applications will **BEGIN** May 2nd, 2019. Please give us some time to review your application and send out emails with acceptance.