

DENTAL SUMMER SUMMIT



2008 Summit Application June 2-13, 2008

Instructions: Please TYPE or PRINT information in ink. You must complete all items.
Incomplete applications will delay processing. Please return completed application by **April 28, 2008** to:

*West Virginia University School of Dentistry
P.O. Box 9407
Morgantown, WV 26506-9407
Phone: (304) 293-1680
FAX: (304) 293-8561*

STUDENT NAME: _____ MALE FEMALE

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____ IF WV RESIDENT SPECIFY COUNTY: _____

HOME TELEPHONE NO: _____ CURRENT YEAR IN COLLEGE: _____

CELL PHONE NO: _____

E-MAIL ADDRESS: _____ CURRENT AGE: _____

COLLEGE (S) ATTENDED (BEGINNING WITH CURRENT COLLEGE):

Are you currently under academic or disciplinary probation? Yes No (If yes, please explain.)

THE INFORMATION BELOW IS NECESSARY TO FULFILL REQUIREMENTS OF THE FUNDING ORGANIZATION AND WILL AID IN THE SELECTION PROCESS (Check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> AFRICAN-AMERICAN | <input type="checkbox"/> HISPANIC |
| <input type="checkbox"/> EUROPEAN-AMERICAN (White) | <input type="checkbox"/> ASIAN/PACIFIC ISLANDER |
| <input type="checkbox"/> NATIVE-AMERICAN/American Indian | <input type="checkbox"/> OTHER (Please specify) _____ |
| <input type="checkbox"/> LOW INCOME (I.E. Participant in free / reduced lunch program) | |
| <input type="checkbox"/> RECIPIENT OF OR ABLE TO RECEIVE FULL FEDERAL FINANCIAL AID | |
| <input type="checkbox"/> FIRST GENERATION COLLEGE STUDENT (Neither parent has a 4-year college degree) | |
| <input type="checkbox"/> ENVIRONMENT WHICH INHIBITS CHANCES OF SUCCESS (I.E. Inadequate school materials, economically depressed area, etc...) please specify | |

I affirm that all information in this application is complete and accurate:

Student's Signature: _____ Date: _____

Name (Printed) : _____

Parental Permission for Minor (for applicants under 18 years of age):

My daughter/son has permission to participate in the Dental Summit Program.

I understand the above statements and verify the information is complete, accurate, and correct.

Parent/Guardian Signature: _____ Date: _____

Name (Printed) _____

Office Use:	
Date Received:	_____
Date Notified:	_____