



March 4, 2019

Dear High School Student:

Congratulations! You've been given this information because you have excelled in the classroom and demonstrated promise as a future doctor. I can tell you first-hand, coming from very humble beginnings in the inner city of Memphis, TN, my quest to become a dentist was never easy, but I made it. Dentistry has not only allowed me to achieve my dreams, but it has also given me a chance to be a blessing to my family and community! This could not have been possible without mentors along the way. I've been introduced to a world that I could have never imagined! I'm excited to get to share my experiences and "secrets" with you! In order to do so, we have planned a one-day symposium, which is truly set to be one of the most fun and interactive events of its kind! (See the flyer for all the details.)

This highly competitive symposium offers benefits to all participants, including:

- pertinent information to assist in your pursuit of becoming healthcare professionals
- networking opportunities with college representatives and like-minded students
- a catered lunch
- fun, interactive breakout sessions
- **a chance to win a \$1,000 scholarship**
(The scholarships are being offered in the memory of Dr. Wisdom Coleman, a dentist who served as Dean of Admissions at the University of Tennessee College Of Dentistry and are sponsored by Delta Dental of Tennessee.)
- a chance to win cool prizes
- a chance to form mentorships with healthcare professionals

Applicants should also be between the ages of 14-18 at the time of the application submission and represent individuals who are historically under-represented in the health care professions (ethnic minorities, female, live in rural areas, economically-disadvantaged, and/or students of ANY racial background who are the first in their families to pursue higher education).

Each applicant is responsible for making sure all information is complete. A completed application, essay, and two (2) letters of recommendation are also required from a representative of an organization in which the student has been a participant. There is no GPA requirement; however, a copy of your final report card OR official transcript are also required. **The postmark deadline for submission of the materials is June 14, 2019.** All accepted applicants will be notified **on or after June 21, 2019.** Upon acceptance, additional information will be mailed to participants. **There is NO FEE to attend this event!**

Information can be submitted via a pdf file to beadoctorsomeday@gmail.com or mailed to **2019 DDS Symposium, 4730 Riverdale Road, Suite #3, Memphis, TN 38141.** I look forward to meeting you!!!!

Sincerely,

Dr. Christina Rosenthal

For more information, go to our website: www.determinedtobeadoctor.org



How did you hear about the Symposium?

DDS Symposium Application

Applications can be handwritten or typewritten.

Personal Information:

Last Name: _____ First Name: _____ MI: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Email Address: _____
Date of Birth: _____ Age: _____ Gender: Male Female
School: _____
Cumulative GPA: _____

Grade Level for the 2019-20 School Year: (H.S.=high school)

H.S. freshman H.S. sophomore H.S. junior H.S. senior college freshman

Ethnicity:

Caucasian African American Native American Asian/Pacific Islander
 Hispanic Other _____

Please bubble the following if applicable:

I will be the first in my family to pursue higher education.

Economic Data:

Are you (or your parent/guardian) receiving any government assistance (SSI, TANF, Medicaid, Food Stamps or Unemployment)? yes no

Do you receive free/reduced lunch? yes no

How many people are in your household? _____

Which professional career interests you?

medicine dentistry pharmacy optometry veterinary medicine
 research other _____

Shirt Size: Small Medium Large XL 2XL 3XL

*Each participant will be given a T-shirt at no additional cost. Students are **required** to wear the shirts the entire day.*



Applicant's Name: _____
 Date of Birth: _____
 School: _____

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DDS Symposium Application

Awards/Community and School Involvement

List your awards, extracurricular activities, or organizations (both school and/or community) below along with any positions held (if applicable). You may attach an additional page if necessary.

<i>Award/Activity/Organization</i>	<i>Position Held (if applicable)</i>	<i>Date(s)</i>

Parental Information:

Mother/Guardian's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Email Address: _____

Father/Guardian's Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Email Address: _____

In the event of illness, injury or emergency, the parent(s)/guardian(s) will be notified as soon as possible. Please provide two emergency contacts, other than a parent/guardian below.

_____	_____	_____
Name	Relationship to Participant	Phone
_____	_____	_____
Name	Relationship to Participant	Phone
Student Signature: _____		Date: _____
Parent/Guardian Signature: _____		Date: _____



DDS Symposium Recommendation

Students: Complete Section 1 ONLY and allow the person giving you the recommendation to complete Section 2.

Section 1

Applicant's Name: _____

Date of Birth: _____

School: _____

The student above is requesting a letter of recommendation for a highly competitive symposium for future doctors. The symposium was designed specifically for students who are from historically under-represented in the health care professions (ethnic minorities, female, live in rural areas, economically-disadvantaged, and/or students of ANY racial background who are the first in their families to pursue higher education). You may continue any written responses on the back (if necessary) or complete a type-written recommendation on a separate page. **Please return your completed recommendation in a sealed envelope to the student upon completion by June 7, 2019.** Thank you in advance for your assistance!

Section 2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Your Relationship to the Applicant: _____

Please assess the candidate in the following categories by darkening your responses below:

1. Academic Motivation

outstanding above average average below average deficient

2. Leadership

outstanding above average average below average deficient

3. Concern for Others

outstanding above average average below average deficient

4. Respect Among Peers

outstanding above average average below average deficient

5. Respect to Teachers or Other Adults in Authority

outstanding above average average below average deficient

You may write any additional comments you'd like to make for this candidate on the back if necessary.



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Your Relationship to the Applicant: _____

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