

*ANGEL CITY DENTAL SOCIETY*  
**2014-15 ORAL HEALTH INTERNSHIP**  
*FOR PRE-DENTAL UNIVERSITY GRADUATES*

*Dear Student,*

*On behalf of the Angel City Dental Society I invite you to apply for the 2014-15 Oral Health Internship. The one year internship program is specifically for under-represented minority students. It is designed to provide experiences and activities to gain a cross-sectional exposure to the field of dentistry while simultaneously providing the experiences needed to be a strong and compelling Dental School Applicant. This program offers a combination of clinical dentistry, organizational dentistry, community dentistry, dental research and dental public health. Additionally, interns will receive Dental Admission Test review and training as well as assistance with the dental school application process.*

*Eligibility Requirements*

- 1. Graduate of an accredited University in the United States with a minimum 3.0 GPA*
- 2. United States Citizenship/ Permanent Resident Status*
- 3. Interest in pursuing dentistry as a career/ Planning to apply to Dental School*
- 4. Evidence of community service*
- 5. Evidence of leadership attributes*

*Required Components of Application*

- 1. Letter of Intent*
- 2. Personal Statement*
- 3. One Letter of Recommendation*
- 4. Curriculum Vitae / Resume of Higher Education*
- 5. Official Transcripts*
- 6. Photograph- wallet size, professional*
- 7. Application*

*Please forward completed applications via one of the following methods:*

**Mail applications:**      *c/o Dr. Katrina Eagilen  
Angel City Dental Society  
5930 N. Figueroa St., #42143  
Los Angeles, CA 90042*

**Email applications:**      [\*AngelCityDentalSociety@gmail.com\*](mailto:AngelCityDentalSociety@gmail.com)

**FAX applications:**      *(866) 725-0067*

**Deadline: April 15, 2014**

*Original photographs must be received by mail.  
Contact Dr. Eagilen via email for questions or concerns.*

*We wish you much success.*

*Sincerely,  
Dr. Katrina Eagilen  
Program Director &  
ACDS Executive Director*

# **ANGEL CITY DENTAL SOCIETY**

## **ORAL HEALTH INTERNSHIP APPLICATION**

This Pre-Dental Program is intended for under-represented minority students.

### ***PART I***

Applicant \_\_\_\_\_  
  First Name    Middle Name    Last Name

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_  
  Street    City    State    Zip Code

Permanent Address \_\_\_\_\_  
(Parents Address or residence prior to attending the University)      Street      City      State      Zip Code

Current Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Permanent Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship Status \_\_\_\_\_  
  City    State    Country

Marital Status: Married / Single      Spouse's Name \_\_\_\_\_  
Circle one only    First name    Last Name

Name of Undergraduate Institution \_\_\_\_\_

Address of Undergraduate Institution \_\_\_\_\_  
  City    State    Zip Code

Year of Graduation \_\_\_\_\_ Degree Received \_\_\_\_\_

### ***PART II***

- Letter of Intent
- Personal Statement (One page typed)
- One Letter of Recommendation
- Official Transcripts
- Curriculum Vitae or Resume of Higher Education

### ***PART III***

Wallet Size Professional Photograph (hard copy of photograph is required for completion of application)

Applications must be received by: 04/15/14. Return applications via email/ FAX or US mail  
Angel City Dental Society P.O. Box 42143 Los Angeles, CA 90042  
Email- [AngelCityDentalSociety@gmail.com](mailto:AngelCityDentalSociety@gmail.com)      Subject -Oral Health Internship Application  
FAX (866) 725-0067

**Please direct questions to Dr. Katrina Eaglen via email or (213) 718-2453**