

**2016 PRE-DENTAL INTERNSHIP  
FOR RISING UNIVERSITY SOPHOMORES, JUNIORS & SENIORS**

*Dear Student,*

*On behalf of the Angel City Dental Society I invite you to apply for the 2016 Pre-Dental Internship. The 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 assistance with the dental school application process and Dental Admissions Test Preparation.*

*Eligibility Requirements*

- 1. Student 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. Letter of Recommendation (from faculty or Dental Professional)*
- 4. Official Transcripts*
- 5. Photograph- wallet size, professional*
- 6. Application*

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

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

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

**Deadline: June 06, 2016**

*Original photographs must be received by mail.*

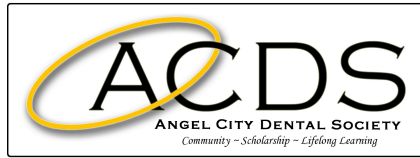
*Contact Dr. Eaglen via email for questions or concerns or at (323) 296-4664.*

*We wish you much success.*

*Sincerely,*

*Dr. Katrina Eaglen*

*Program Director & Executive Director*



**PRE-DENTAL 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 \_\_\_\_\_ Gender \_\_\_\_\_

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 \_\_\_\_\_ City State Country \_\_\_\_\_ Citizenship Status: *Citizen / Non Citizen / Resident Alien*  
Circle one only

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

Emergency Contact Person: \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Address of Undergraduate Institution \_\_\_\_\_

City State Zip Code

University Status: *Sophomore / Junior / Senior* Anticipated Year of Graduation \_\_\_\_\_ Anticipated Degree \_\_\_\_\_  
Circle one

Uniform Size (Circle & fill in boxes as appropriate. Measurements in inches please)

<b>Shirt (Circle one)</b>	<i>Small</i>	<i>Medium</i>	<i>Large</i>	<i>XL</i>
<b>Pants (Circle one)</b>	<i>Small</i>	<i>Medium</i>	<i>Large</i>	<i>XL</i>
<b>Waist Size</b>				
<b>Hip Size</b>				
<b>Chest / Bust Size</b>				
<b>Inseam</b>				

**PART II**

- Letter of Intent
- Personal Statement (One page typed)
- One Letter of Recommendation
- Official Transcripts

**PART III**

- Wallet Size Professional Photograph

**Applications must be received by: 06/06/16 Return applications via email or US Mail**

Angel City Dental Society P.O. Box 42143 Los Angeles, California 90042  
Email- AngelCityDentalSociety@gmail.com Subject -Pre-Dental Internship Application