

**Application for
Summer Dental Auxiliary Utilization (DAU) Program**

Directions: Please type or neatly print this application.

Name _____

Classification _____ Class rank _____ Cum. GPA _____

Home Address _____

City _____ State _____ Zip Code _____

Telephone number with area code # _____

School now attending _____

Date of Birth _____ Sex _____

Self Description (Please Check One)

_____ African American/Black _____ Latino or Hispanic

_____ Native American Indian _____ Other (Specify) _____

When did you become interested in dentistry? _____

What have you done to explore dentistry as a career and how will the DAU Program be meaningful to you?

List relevant job experience or volunteer service. Start with the most recent experience.

Company Name or Charitable Organization	Start Date	End Date	Job Title	Responsibilities

Student Applicant's Signature

Return application, two letters of recommendation from teachers, counselors or administrators at your high school and a copy of your transcript to:

UMKC School of Dentistry
Office of Student Programs
650 E 25th Street - Kansas City, MO 64108
Attention: Director of Minority & Special Programs