

Destination Dental School Application 2024

Destination Dental School aims to prepare students who are underrepresented in the profession for dental school. In addition to the eligibility criteria outlined below, preference will be given to candidates based on the following qualities: investigation of the profession, persistence and resilience, commitment to service, and pursuit of leadership.

Eligibility

- U.S. citizen, permanent resident, or an individual granted deferred action for childhood arrivals (DACA) status. Canadian citizens may be considered.
- Enrolled undergraduate student or post-baccalaureate.
- Minimum overall college GPA of 2.75.
- Disadvantaged status as defined by meeting two or more of the following criteria:
 - Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act;
 - Were or currently are in the foster care system, as defined by the Administration for Children and Families;
 - Were eligible for the Federal Free and Reduced Lunch Program for two or more years;
 - Have/had no parents or legal guardians who completed a bachelor's degree;
 - Were or currently are eligible for Federal Pell grants;
 - Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child;
 - Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer, or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas.
 - Other identified disadvantage.

Application

Last Name

First Name

Email

Current Address

Phone Number

Date of birth

Age at time of application

Which of the following best describes you?:

- Male
- Female
- Non-Binary

- Transgender
- Prefer not to say

Which category(ies) describe you? Please select all that apply:

- African American/Black
- American Indian/Alaskan Native
- Asian
- Hispanic/Latinx
- Middle Eastern/North African
- Native Hawaiian/Pacific Islander
- White
- Mixed race/ethnicity
- Prefer not to disclose
- Other

If selected 'Other' please describe:

Citizenship status

- USA
- Permanent Resident
- Other
- If selected 'Other' please describe:

Educational Status

Current level of education:

- Undergrad Freshman
- Undergrad Sophomore
- Undergrad Junior
- Undergrad Senior
- Bachelor's Degree
- Graduate School
- Graduate's Degree
- Doctoral/Professional Degree

Undergraduate Institution:

State:

Undergraduate Graduation Date (or expected date) [Spring/Fall, Year]:

Undergraduate Major(s):

Undergraduate Minor (if applicable):

Overall Undergraduate GPA:

Undergraduate Major GPA:

Family Background

What is the highest level of education your parents/guardians completed?

- Less than high school
- High school diploma or GED
- Associate's degree
- Bachelor's degree
- Master's degree
- PhD, MD, JD or other professional degree

What is the highest level of education your siblings have completed?

- Less than high school
- High school diploma or GED
- Associate's degree
- Bachelor's degree
- Master's degree
- PhD, MD, JD or other professional degree

Do you have family members who are in the dental profession?

- Yes
- No

Disadvantaged Status

Please identify which criteria you meet below (eligible candidates must meet two or more of the following) [Select all that apply]

- Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act;
- Were or currently are in the foster care system, as defined by the Administration for Children and Families;
- Were eligible for the Federal Free and Reduced Lunch Program for two or more years;
- Have/had no parents or legal guardians who completed a bachelor's degree;
- Were or currently are eligible for Federal Pell grants;
- Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child;
- Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer, or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas.
- Other disadvantaged status
- If selected 'Other' please describe:

Research Experience

Do you have experience conducting research?

- Yes

- No

If yes, please describe (100 words max):

What research areas do you find most interesting? (100 words max):

Please indicate if you are currently or formerly a participant in a funded program such as an Educational Opportunity Program (EOP), Collegiate Science and Technology Entry Program (CSTEP) or a similar mechanism at your school. :

Career Aspirations

Have you previously applied to dental school?

- Yes
- No

What do you expect/aspire to do after graduating from your undergraduate program? (Select all that apply)

- Pursue DDS
- Pursue MD
- Pursue Master's degree
- Pursue PhD
- Pursue MPH
- Pursue dual degree
- Professional School
- Explore job opportunities
- Undecided
- Other

Explain (optional) (250 words max)

Do you anticipate any challenges that might impact your career aspirations? If yes, what are they and how do you plan to overcome them? (250 words max)

Oral Health Inequities

Recent reports by the National Institutes of Health state that persisting oral health inequities result in oral diseases that disproportionately burden marginalized and underserved populations. Many of these disparities are caused by the social determinants of health. In your opinion, what is the dentist's role in addressing the social determinants of health of their patients? (250 words max)

Personal Statement

Please state your reasons for applying to this program. Your 600-word response (max) should cover why you want to pursue a career in dentistry and how this program will assist you in your pursuit. We recommend within your response you weave in the following: what experiences (professional, educational, life) have you had, or challenges you have overcome, that have

prepared you for this career, how have you shown dedication to the pursuit of a career in dental medicine, and what information will help us to evaluate your preparation and ability to succeed.

Your personal statement will be evaluated on how clearly you respond to the prompt, the evidence of your strengths and educational goals, and clear indication of your intent to pursue a career in dentistry. In addition, reviewers expect applicants to stay within the word limit and recommend applicants have their personal statements reviewed for spelling and grammar before submission.

Resume

Please upload your most recent resume highlighting the professional/lived/volunteer/educational experiences that provide you with the skills needed to be a successful dental student. Evaluators expect resumes to be organized and free of errors.

Latest Academic Transcript (unofficial copies are acceptable)

Letters of Recommendation

Two (2) letters of recommendation from people who know you well (professor, advisor, supervisor, etc.) should be sent directly to the program by your recommenders. Individuals submitting letters of recommendation on your behalf can access the information on the [letters of recommendation form page](#). Please note, letters of recommendation are a part of the application package. Applications without letters of recommendation will be considered incomplete and will not be reviewed.

Agreement

By submitting this application, I affirm that the facts set forth in it are true and complete. By signing this application, and if selected, I understand that it is my responsibility to attend all DDS functions* and educational activities, both virtual and in-person, to maintain my DDS Fellow status. I also understand that all DDS activities are mandatory, unless specified otherwise, and that failure to comply with program guidelines may jeopardize my benefits.

***A portion of Destination Dental School 2024 will be held in person at the University at Buffalo. If accepted to the program, this may require travel. If a physical disability precludes you from traveling, please inform our program administrators within your application.**

Do you agree?

- Yes, I agree with this statement
- No