



Summer Program for West Virginia Students entering 6th - 8th Grade

June 10, 2017 at 10:00a.m.-4:00p.m.

Program Application

I. Applicant Information

First Name _____ Last Name _____

What grade will you enter in August 2017? ___6th ___7th ___8th

Age _____ Gender ___Male ___Female

Preferred Name (for name tag) _____

II. School Information

School Name _____

City _____ County _____

School Principal _____

III. Parent/Guardian Information (Who will attend the program with the student?)

First Name _____ Last Name _____

Relationship to Student _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____ Alternate Phone Number _____

E-mail Address _____

Contact person in case of emergency _____

Relationship to student _____ Telephone Number _____

IV. General Information

Please describe why you are interested in becoming a dentist.

Do you and your parents/guardians give us permission to publish on our website photographs which may include both yourself and your parents? Yes No

Do you or your parents/guardian have any dietary restrictions? Yes No

If yes, please explain: _____

I certify that all information in this application is complete and accurate.

Parent/Guardian Name (please print) Parent/Guardian Signature Date

Student Signature Date

If you or your parents/guardians require special arrangements/accommodations for access to this program please contact us at 304-293-1680.

Space is limited to the first eligible 20 students who apply. If you are selected, you will be notified by phone or email no later than June 1, 2017. Each student must be accompanied by at least one parent or guardian.

Please return this form by **Tuesday, May 30, 2017** to:

Ms. Samantha Bolyard

West Virginia University School of Dentistry

P.O. Box 9407

Morgantown, WV 26506-9407

or email: dentaladmit@hsc.wvu.edu