

Still Scholars Early Assurance Program Application

Required Documents for Application

To ensure your application is complete, please check that the following documents are submitted by August 1:

- 1. General Application Information Form**
- 2. Record of Experiences**
- 3. Evaluator Information Form**
- 4. Essay Questions (4)**
- 5. Exclusive Application Agreement**
- 6. All Official Academic Transcripts** (Required from all undergraduate institutions attended. Please request that your official transcript(s) be mailed directly from your institution(s) to the address below. *Transcript(s) need to be received by August 1.*)

Please mail or email completed application materials to:

Theresa Hunziker, MHA
ATSU-MOSDOH Still Scholars Program
800 W. Jefferson St.
Kirksville, MO 63501

Email: admissions@atsu.edu

Applications must have a postmark date on or before August 1 to be guaranteed consideration for the program.

Applicants will be notified by September 15th regarding the status of their application. Thank you for your interest in the ATSU-MOSDOH Still Scholars Early Assurance Program.

Notice of Nondiscrimination

A.T. Still University of Health Sciences (ATSU) does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, or veteran status in admission or access to, or treatment or employment in its programs and activities. Dating violence, domestic violence, sexual assault (e.g., non-consensual sexual contact/intercourse), stalking, harassment, and retaliation are forms of discrimination prohibited by ATSU. Any person with questions concerning ATSU's nondiscrimination policies is directed to contact:

- Missouri campus - Lori Haxton, vice president for student affairs (660)626-2236; lhaxton@atsu.edu, 800 W. Jefferson St., Kirksville, MO 63501
- Arizona campus - Michael Zajac, associate vice president for student affairs (480)219-6026; michaelzajac@atsu.edu, 5850 E. Still Circle, Mesa, AZ 85206

Any person with questions concerning ATSU's Title IX compliance is directed to contact:

- John Gardner, Title IX coordinator
(660) 626-2113; johngardner@atsu.edu, 800 W. Jefferson St., Kirksville, MO 63501

In compliance with the Clery Act and Section 86 of DOE regulations, the University makes available to all prospective students, admitted students, and current students: ATSU's Annual Security and Fire Safety Report (ASR) and Drug and Alcohol Abuse Prevention Program (DAAPP). The ASR may be found online at atsu.edu/asr or atsu.edu/security. The DAAPP may be found online at atsu.edu/daapp. Printed copies for each report may be requested from mostudentaffairs@atsu.edu.

General Application Information Form

Please complete the following information.

Name

Last:

First:

Middle:

If you have educational materials under another name, please list name(s):

Current Address

Street Address:

Apartment/Unit #:

City:

State:

Zip:

Telephone:

Email Address:

Permanent Address (only if different than current address)

Street Address:

Apartment/Unit #:

City:

State:

Zip:

Telephone:

Date of Birth

Gender

Race (optional)

Citizenship

Ethnicity (optional) Are you Hispanic or Latino?

Are you a U.S. Citizen? Yes No

If you are not a U.S. citizen, do you have an I-551 (green card) visa? Yes No

If yes, what is your I-551 (green card) visa number?

If you are not a U.S. Citizen or permanent resident, please indicate your country of birth:

Academic Record

College Name:

Date of Attendance:

to

Major:

Expected Graduation Date:

College Name:

Date of Attendance:

to

Major:

Expected Graduation Date:

Is your Cumulative AND Science GPA above a 3.40? Yes No

ACT/SAT Score

(Please request your official transcripts showing all college coursework to be sent to ATSU-KCOM Admissions. Note: All course attempts are factored into the GPA calculation.)

Advisor Information

Name:

Title:

Email Address:

Telephone:

List the names, relationship, and graduating institution of relative(s) in the dental profession:

Evaluator Information Form

Three evaluations, not written by individuals related to the applicant either by blood or marriage, are required to complete an application for the Still Scholars program:

Evaluation I from an advising professor or science faculty member

Evaluation II from a dentist

Evaluation III from an extra-curricular or community organization advisor

Please list the names and addresses of the individuals who will write your required letters of evaluation. Your file will not be complete, nor will you be considered for the Still Scholars program until these three required evaluations are received.

An optional evaluation form is available for evaluators to use as a reference. [Click here to download the form.](#)

Evaluation I

Advising Professor or Science Faculty Member

I voluntarily waive and relinquish my right of access to this evaluation.

I retain my right of access to this evaluation.

Name:

Degree:

Academic Rank or Title:

Department:

College or University:

Address:

City:

State:

Zip:

Email Address:

Telephone:

Evaluation II

Dentist

I voluntarily waive and relinquish my right of access to this evaluation.

I retain my right of access to this evaluation.

Name:

Degree:

Dental School Attended:

Year of Graduation:

Name of Clinic:

Address:

City:

State:

Zip:

Email Address:

Telephone:

Evaluation III

Extra-Curricular or Community Organization Advisor

I voluntarily waive and relinquish my right of access to this evaluation.

I retain my right of access to this evaluation.

Name:

Title:

Organization:

Address:

City:

State:

Zip:

Email Address:

Telephone:

Record of Experiences

Additional Pages may be attached if needed.

Extracurricular, Community Service, and Leadership Activities

Name of Organization:

Leadership Position(s) Held:

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of
Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of
Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of
Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of
Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of
Experience:

Record of Experiences

Additional Pages may be attached if needed.

Shadowing/Dental Related Experiences

Name of Organization/Business: City/State:

Supervisor's Name:

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of Experience:

Name of Organization/Business: City/State:

Supervisor's Name:

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of Experience:

Name of Organization/Business: City/State:

Supervisor's Name:

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of Experience:

Name of Organization/Business: City/State:

Supervisor's Name:

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of Experience:

Name of Organization/Business: City/State:

Supervisor's Name:

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of Experience:

Record of Experiences

Additional Pages may be attached if needed.

Employment

Name of Business: City/State:
Supervisor's Name: Telephone:
Dates of Experience: Start Date: End Date: Total Hours/Week:
Description of Experience:

Name of Business: City/State:
Supervisor's Name: Telephone:
Dates of Experience: Start Date: End Date: Total Hours/Week:
Description of Experience:

Name of Business: City/State:
Supervisor's Name: Telephone:
Dates of Experience: Start Date: End Date: Total Hours/Week:
Description of Experience:

Name of Business: City/State:
Supervisor's Name: Telephone:
Dates of Experience: Start Date: End Date: Total Hours/Week:
Description of Experience:

Name of Business: City/State:
Supervisor's Name: Telephone:
Dates of Experience: Start Date: End Date: Total Hours/Week:
Description of Experience:

Essay Questions

Please answer the following essay questions.

Essay responses should be no more than 2,500 characters per response.

Question 1

What specific experiences have made an impact on your reason for pursuing dentistry as a career? Please incorporate clinical/shadowing experiences into your answer.

Question 2

How have you made a personal contribution to your community? How will you continue to serve as a leader in your community if you become a dentist?

Question 3

Why do you want to attend ATSU-MOSDOH?

Question 4

What personal characteristics will you bring to the ATSU-MOSDOH community that will be of benefit to others?

Statement of Past or Pending Disciplinary Actions

Please explain in detail if you have ever been charged (pending and/or dropped), fined or convicted of a crime for any reason. Please include items that may have been dismissed or expunged. Many ATSU programs require a background check where all past court decisions will be listed. Please be consistent.

Have you ever been subject to revocation or suspension of a professional license, or been censured, reprimanded, or placed on probation for reasons relating to professional competence or conduct by a state licensing authority?

Yes No

If yes, please explain:

Have you ever had disciplinary action taken against you by any professional, community, or university society or professional association?

Yes No

If yes, please explain:

Are there any disciplinary charges pending or expected to be brought against you?

Yes No

If yes, please explain:

Is there any information that is relevant to your ability to complete the A.T. Still University program and be eligible for licensure or employment that the University should consider?

Yes No

If yes, please explain:

Exclusive Application Agreement

The ATSU-MOSDOH Still Scholars Early Assurance Program requires that Scholars who are granted early assurance agree to not apply to any other school unless they have received a formal denial/dismissal from the Still Scholars Early Assurance Program. It is considered unethical to apply to other schools if a participant is granted acceptance into the Still Scholars Early Assurance Program. Applying for other dental schools can result in immediate forfeiture of the early assurance in that dental school's program. If a participant's application is declined or if a participant is dismissed from the program for any reason, they are then able to apply for any other dental school programs through the traditional application process.

Please read and initial the following boxes:

I agree that I will not apply to other dental schools until a decision is made regarding my early assurance to ATSU-MOSDOH. If my application for the Still Scholars Early Assurance Program is declined, I understand that only then can I apply for other dental school programs.

If I receive conditional and/or full acceptance to the Still Scholars Early Assurance Program, I agree that I will not apply to any other dental school. If I am later declined or dismissed from this program, or not given a guaranteed seat at ATSU-MOSDOH for whatever reason, only then can I apply for other dental school programs.

I understand Still Scholar participants are prohibited from reporting a DAT score on the primary AADSAS application. In the event a DAT score is required for scholarship purposes, Still Scholar participants must submit written documentation detailing why the DAT is required and participants must receive permission from the Admissions Office in advance of taking the DAT. Reported DAT scores on the AADSAS application are grounds for immediate dismissal from the Still Scholars program.

Applicant Signature

Please read and initial the following box:

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I know and understand that any or all items contained herein may be subject to verification, and I consent to full release of all information concerning my capacity and fitness for the education program by employers, educational institutions, and other agencies. Furthermore, by submitting this application, I agree to abide by the policies and procedures as established in the college catalog, a copy of which is available on the web.

Applicant Name:

Applicant Signature

Date