University of Michigan
School of Dentistry
2002 *Pipeline* Application

Application Deadline: March 1, 2002
Program Dates: May 20- June 28, 2002

Pipeline applicants will meet the following requirements:

1. Freshmen or Sophomore disadvantaged student (please see attached form),
2. Have completed at least one year of college,
3. Have an established grade point average between 2.0 and 3.2 on a four point scale, or a science grade point average between 1.7 and 3.0, and
4. Are a U.S. citizen or national.

Part One: Personal Information

Name (Last, First, Middle)

Current School Address

Permanent/ Home Address

Where you can be reached in March/ April 2002

Telephone: Email:

Telephone (your number at school) school year begins:___/___ ends:___/___

Telephone (your number at permanent address)

African American ☐ Latina/o ☐ American Indian ☐ Caucasian ☐
Other_____
Gender: Male ☐ Female

Citizenship

Part Two: Additional Information

To complete your application we **must** receive the following required information by March 1, 2002. Where possible, please mail all application contents together.

1. An official college transcript(s) of all institutions attended.
2. An official or unofficial high school transcript.
3. A short essay (1/2 page) describing your interest in the health professions.
4. Three letters of recommendation from a professor (preferably science) or counselor.
5. Your SAT or ACT Reading Comprehension Scores.
6. The enclosed disadvantaged status form (which must be completed to verify eligibility).

Part Three: Contact Information

Please send application, as well as any additional information to:
The University of Michigan
School of Dentistry
Office of Multicultural Affairs
1011 N. University Ave
Ann Arbor, MI 48109-9990

If you have any question, please contact the Office of Multicultural Affairs at: mca.dent@umich.edu

The University of M04 of
ttation, disability or
Vrbor,
MI 48109-1281. (734) 763-0235, T.D.D. (734) 747-1388. For other University of Michigan information, call (734) 764-1817.

The Regents of the University: David A. Brandon, Laurence B. Deitch, Daniel D. Horning, Olivia P. Maynard, Rebecca McGowan, Andrea Fischer Newman, S. Martin Taylor, Katherine E. White, Lee C. Bollinger (ex officio)

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Please supply the following information by checking any / all appropriate boxes that would describe yourself (only one category is necessary to qualify) :

_____ Economically disadvantaged:

- A student that comes from a "low income family" with an annual income below the thresholds published in the Federal Register by the Secretary, DHHS, for use in all health professions programs
- (see attached page)

_____ Educationally disadvantaged:

- A student comes from a community college or a less competitive four-year institution, as defined by Barron's Profiles of American Colleges

- Standardized test scores (ACT / SAT) at student's school are markedly below other institutions, or student performance on standardized tests (ACT / SAT) is below national norms AND student has an overall grade point average below 3.0 or a science grade point average below 2.90.

- Student attended secondary school in a financially designated poor district

- Parents or other adults in the household are not high school graduates

_____ Socially disadvantaged:

A student comes from an environment that has inhibited (but not prevented) hem from obtaining the knowledge, skills and abilities required to enroll in and successfully complete an undergraduate course of study that could lead to a career in the health sciences. This includes, but is not limited to:

- First generation college students, or
- Are limited by their community setting (rural, inner city or reservation), or
- Student has a certified learning disability
- Student has a physical disability
- Student is from a single-parent household or foster-care setting for the majority of their K-12 experience

_____ Underrepresented in health professions

Student is from an ethnic population that is underrepresented in health professions (African American, Hispanic, Native American)

The above information that I have checked is true to the best of my knowledge. If needed, I will supply information to prove the above is true.

Signature: _____ Date: _____

FINANCIAL DISADVANTAGE

LOW INCOME LEVELS FOR 2000

SIZE OF PARENTS FAMILY*	**INCOME LEVEL (Adjusted Gross Income**)**
1	$11,100
2	$14,400
3	$17,200
4	$22,000
5	$26,000
6 or more	$29,200

* - Includes dependents listed on Federal income tax forms

** - For calendar year 1999

Source: Federal Register: May 24,2000 (Volume 65, Number 101)