

Dental Health Summer Institute

Brought to you by:

Gene W. Hirschfeld School
of Dental Hygiene

Delta Dental of
Virginia Foundation



Thank you for your interest in the Dental Health Summer Institute! There are two sections to this application. You cannot save the application and come back to it, so please print a copy of [the application](#), review it and make sure you have everything you need BEFORE you get started. Fill out the form below to submit an application. This application will require you to upload an **unofficial high school transcript** and **brief personal essay**.

If you have any further questions, please email abruhn@odu.edu or call 757-683-3338.

1
Personal Information

2
Academic History and Interests

Applicant's Name *

First

Middle

Last

Preferred First Name

Date of Birth *

 / /

MM

DD

YYYY

What was your sex at birth? *

Do you consider yourself to be of Hispanic/Latino origin? *

What is your race? (Choose one or more) *

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Applicant's Contact Information

Email *

Phone *

- -
####

Applicant's Mailing Address

Street Address Line 1 *

Street Address Line 2

City *

State *

Postal/Zip Code *

REQUIRED Primary Parent/Guardian Information

This is the description of your section break.

Primary Parent/Guardian Name (REQUIRED) *

First

Last

Parent/Guardian Phone Number *

 - -

###

###

####

Parent/Guardian Email Address *

What time of the day is best to contact the Parent/Guardian? *

 :

HH

MM

AM/PM

Which is the preferred method to contact the Parent/Guardian? *

OPTIONAL Second Parent/Guardian Information

This is the description of your section break.

Second Parent/Guardian Name (OPTIONAL)

First

Last

Second Parent/Guardian Phone Number

 - -

###

###

####

Second Parent/Guardian Email Address

What time of the day is best to contact the second Parent/Guardian?

 :

HH

MM

AM/PM

Which is the preferred method to contact the second Parent/Guardian?

SAMPLE APPLICATION

Dental Health Summer Institute

Brought to you by:

Gene W. Hirschfeld School
of Dental Hygiene

Delta Dental of
Virginia Foundation



Thank you for your interest in the Dental Health Summer Institute! There are two sections to this application. You cannot save the application and come back to it, so please print a copy of [the application](#), review it and make sure you have everything you need BEFORE you get started. Fill out the form below to submit an application. This application will require you to upload an **unofficial high school transcript** and **brief personal essay**.

If you have any further questions, please email abruhn@odu.edu or call 757-683-3338.

1
Personal Information

2
Academic History and Interests

High School Information

School Name *

Year of Graduation *

Must be 4 characters. Currently Entered: 0 characters.

In the 2023-2024 school year, I will be a: *

What is your current GPA? *

Must be a number between 1 and 4

Upload your full unofficial high school transcript *

Select Files

Reference Information

Please provide one reference from your high school. This section is optional.

Reference Full Name

Reference Title

Reference Email Address

Personal Statement Essay

Please tell us why you are interested in participating in the Dental Health Summer Institute . *

Please type this in a word document and copy/paste into the box. Your formatting will be reset.
Must be between 250 - 500 words.

Additional Questions

Are you interested in applying to college? *

Will you or one of your siblings be the first person in your family to go to college? *

I am fully prepared for the college application process. *

Are you interested in a career in the health professions? *

Are you interested in a career in dentistry? *

How did you hear about the Dental Health Summer Institute? *

What is your T-shirt size? *

Submit

[Previous](#)

SAMPLE APPLICATION