

2024 KADA Summer Mentorship Program Participant Application

Instructions

In order for your application to be considered, KADA must receive your completed application form by **May 17, 2024**.

Complete all sections of this form and send to info@kadausa.org. Include “Summer Mentorship Application” along with your full name in the subject line.

Time and Travel Commitment

Applicants should be prepared to commit significant time to the program, which may require extensive travel across the Los Angeles / Orange County / Inland Empire area. The seven week program consists of self-directed shadowing at mentor offices, along with a few lectures, a workshop, and school tours. Be aware of the time and travel commitment before applying to the program. KADA is not responsible for missed school, work, or other activities.

Contact Information

Name (First)

(Middle)

(Last)

Mailing Address

City

Zip Code

Cell Phone Number

Email Address

A Message from the Committee

Note that the offices you will be shadowing are places of medical treatment. Infections and diseases such as COVID-19, hepatitis B, HIV, influenza, tuberculosis, and MRSA may be present. KADA strongly recommends that all participants have current and updated vaccinations and that all safety protocols and precautions are followed. KADA considers the safety of each participant to be paramount but of his or her own accord.

Program Finances

Program Fee: \$800

The program fee will be due within one week of receiving an acceptance letter from KADA. An online payment system will be released when acceptances are delivered.

Participation in the program will incur extensive travel. KADA will not reimburse participants for any transportation costs including fuel, parking, public transit, ride sharing services, damages or accidents, etc.

Applicant Agreement

“I hereby apply as a candidate for the KADA Summer Mentorship Program. If invited to participate, I agree to commit the time necessary for successful completion of the program, including a minimum of 30 hours of shadowing in mentor offices and attendance in the seminars and dental school tours. I will conduct myself in a professional and safe manner, especially in mentor practices. In addition, I understand that all transportation to and between program events is my own responsibility. I acknowledge that all of the information contained herein is accurate and true to the best of my knowledge.

If selected, as part of my participation in the KADA Summer Mentorship Program, I hereby grant to KADA, their agents, partners, sponsors, and designees, all rights and permission to use and reproduce my name, likeness (including photographs and videos), biographical information, and my statements I make in connection with the program, in any media now existing or hereafter created, for research, education, promotional, and marketing purposes.”

I have read the statements above and agree.

Name

Date

Personal Statement

Write a response to the prompt: "Why do you want to be a dentist?" Maximum 750 word count.