

## Extracurricular Form: Pierce College Dental Hygiene, due 1/22/10

Name:	Pierce SID#:
Address:	
City/State:	Home Phone #:
Zip Code:	Cell Phone #:
Email address <b>(required)</b> :	
Birthdate (mm/dd/yyyy):	


### Directions:

- \* The Extracurricular Form allows you to show your **commitment to your goals and your involvement with people**. Activities are valued on three levels: 1. ability to show commitment; 2. ability to work with people (communication); and 3. ability to continue activities while attending school (multi-tasking). We are looking for activities that you have been a participant in for **at least a year with a maximum of two years for total points**. You may also combine activities, like seasonal sports, that one can not do year-round. *E.g. A barista works with people and is rated more highly on the communication value than a night-time shelf stocker at a local grocery store or a computer repair person.*
- \* Please list your activities and accomplishments below. You are limited to a total of THREE (3) extracurricular activities for submittal to achieve the two year show of commitment.
- \* Each activity must have occurred within the past five (5) years.
- \* Each activity listed must also include the original letter verifying your participation on the organization's letterhead, signed by the coach/employer/director, etc., and include the signer's contact information. Please see sample below.

### Examples of extracurricular activities include, but are not limited to:

Dental assisting, dental lab technician, other employment, school and/or team athletics, fine arts, student government, organizations, community/church involvement, study abroad, etc.

Activity	Organization	Role	Dates/Hours per Week	Official Use Only
<i>Example: Swim Team</i>	<i>Molar High School</i>	<i>Participant/Team Captain</i>	<i>Sept.-Jan. 2004-2007, 14</i>	
<i>Example: Dental Assisting</i>	<i>Dr. Frank Extraction</i>	<i>Sterilization</i>	<i>June 2007 to current, 10</i>	
<i>Example: Youth group</i>	<i>Youth Organization</i>	<i>Participant/Leader</i>	<i>June 2003 to current, 2</i>	

<p>April 16, 2008</p> <p>Dr. Frank Extraction 123 Molar Lane Gingiva, CT 12345</p> <p>Re: Applicant Suzy Incisor</p> <p>To Whom It May Concern:</p> <p>I verify that Suzy Incisor has worked for me continuously since June 2007. You may contact me at 123-456-7890.</p> <p>Sincerely, <i>Dr. Frank Extraction</i></p>	
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**Note:** Please make sure that the letter is very similar to this format. **Original signed letters only!!** Be sure to have the verification letter include all dates that apply to the time you are claiming in your Extracurricular Form.

The verification letters must be submitted with your application no later than January 22, 2010, 3:00pm.