**McNeese Physician Preparatory Pathway Program (P4)**

High school freshmen interested in becoming doctors or entering a healthcare profession are invited to the McNeese Physician Preparatory Pathway Program

(P4), sponsored by SIU School of Medicine, Springfield Public School District 186 and the Sangamon County Medical Society. The McNeese P4 Program places freshmen high school students alongside medical students and other professionals for a rigorous curriculum introducing them to the field of medicine and exposing them to physicians and multiple career possibilities.

The McNeese P4  Program is a four-year, after-school program featuring two, 2-week modules of learning during the academic year. It recruits a talented group of students who want to become physicians or enter the healthcare field, provides support, leadership opportunities and a variety of hands-on experiences to assist them in pursuing this career goal. The McNeese P4  Program students are expected to remain in the program throughout their high school education.

The selection process for The McNeese P4  Program begins with submission of an application packet. Only incoming high school freshmen are eligible. The application must include evidence of high academic performance(GPA at least 2.5) and attendance rate of at least 80%. **The selection committee welcomes all applicants and favors potential first-generation college students.**

**Additional Facts About the Program**

* A program director monitors participants’ grades, attendance and behavior in high school, as well as during The McNeese P4  Program activities.
* Students must maintain a 2.5 GPA in high school, or greater, to remain in The McNeese P4  Program.
* All students must be enrolled in a rigorous high school curriculum. Disciplinary problems, attendance issues, or other matters that impact a student’s success in the program will be reviewed The McNeese P4 Program administrators.

**Questions regarding P4 should be directed to:**

* Lesley Barfield-Robinson, [lbarfield@siumed.edu](file:///C:\Users\lbarfield\AppData\Roaming\Microsoft\Word\lbarfield@siumed.edu) at SIU School of Medicine, 217-545-7334
* Lance Thurman, EdD, Executive Director for Secondary Programs and Planning, 217-525-3017 or [lthurman@sps186.org](mailto:lthurman@sps186.org)

**McNeese Physician Preparatory Pathway Program (P4) 2023 – 2024 Application**

**EACH APPLICATION MUST CONTAIN:**

1. **One letter of recommendation**: teacher or school administrator

1. **Personal essay** explaining interest in P4, career plans and other goals. Essay should be typed, double-spaced and **not more than 250 words.** (submit with application)

1. **A summary of student experiences** (form attached)

**APPLICATION DEADLINE:**

**WEDNESDAY SEPTEMBER 6, 2023**

Complete the application; sign and return, along with the essay and recommendation sheet to one of the following:

* Lesley Barfield-Robinson lbarfield@siumed.edu at SIU School of Medicine
* **Please note:** **All District 186 students applying must submit their applications online at http://www.sps186.org.**

If you do not complete a particular section of the application, please explain why.

**Prospective P4 Student Interviews will be held September 25-29, 2023. Applicants will be notified of the times and other details.**

**A parent informational meeting and white coat ceremony will be held at** **5 pm on October 18, 2023.**  All new students are strongly encouraged to attend. Current pipeline students may attend as well.

**First Study Module is October 23 - 26 and October 30 - November 2, 2023.**

**Second Study Module is January 29 – February 1, 2024 and February 5-8, 2024.**

**Daily Schedule**

**3:30-4:00 p.m. Meal**

**4:00-6:00 p.m. Modules**

**McNeese Physician Preparatory Pathway Program (P4) 2023 – 2024 Application**

Student Name

School Home Address

City State Zip Code

Student Cell Phone: Home Phone:

e-mail address: (print clearly)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have regular access to the Internet? Yes No**

**Parent(s) / Guardian Contact Information:**

Parent/Guardian 1

* Name: Cell Phone:

* Address if different from student

* Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* e-mail address: (print clearly)

Parent/Guardian 2:

* Name: Cell Phone:

* Address if different from student

* Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:

* e-mail address: (print clearly)

**Student Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

**Parent/Guardian Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

## Student Experiences

**Extracurricular, school, civic and/or religious activities; volunteer experiences, pastimes, hobbies, etc. Make copies of this page as needed.**

***If you have nothing to put in this section, please explain why.***

Organization

Dates worked/served/participated

Number of hours

Summary of Experience/Lessons learned:

Organization

Dates worked/served/participated

Number of hours

Summary of Experience/Lessons learned:

## School Administrator/Teacher Reference

***Please complete one form to help evaluate the following student as a prospective participant in the Physician Pipeline Preparatory Program (P4).***

Student Name

Administrator Name/position

Phone Number (optional)

Student’s GPA (must be at least 2.5 on 4.0 scale; may use 8th grade GPA)

Please rate the student in the following areas as **Exceptional**, **Above Average**, **Average**, or **Below Average**. Explanatory comments are welcomed.

Attendance Record (must be at least 80%)

Interactions with teachers

Interactions with students

Communication skills

Leadership skills

Level of maturity

Acceptance of responsibility

Please describe the qualities or characteristics that make this student an exceptional candidate for the Physicians Pipeline Preparatory Program (continue on back, if necessary)

Administrator’s Signature

**Please seal this form in an envelope and return it to the student, who will include it with his/her application. Thank you!**