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 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
McNeese Physician Preparatory Pathway Program (P^4) 2023 – 2024 Application

EACH APPLICATION MUST CONTAIN:

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

2. **Personal essay** explaining interest in P^4, career plans and other goals. Essay should be typed, double-spaced and **not more than 250 words**. (submit with application)

3. **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 P^4 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 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!