

# **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

(P<sup>4</sup>), sponsored by SIU School of Medicine, Springfield Public School District 186 and the Sangamon County Medical Society. The McNeese P<sup>4</sup> 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 P<sup>4</sup> 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 P<sup>4</sup> Program students are expected to remain in the program throughout their high school education.

The selection process for The McNeese P<sup>4</sup> 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 P<sup>4</sup> Program activities.
- Students must maintain a 2.5 GPA in high school, or greater, to remain in The McNeese P<sup>4</sup> 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 P<sup>4</sup> Program administrators.

## Questions regarding P<sup>4</sup> should be directed to:

- Lesley Barfield-Robinson, Program Director, <u>lbarfield@siumed.edu</u> at SIU School of Medicine, 217-545-7334
- Terrance Jordan, Director of School Leadership/F.A.C.E. <u>tejordan@sps186.org</u> at Springfield School District 186, 217-525-3000



# McNeese Physician Preparatory Pathway Program (P<sup>4</sup>) 2025–2026 Application

#### **EACH APPLICATION MUST CONTAIN:**

- 1. One letter of recommendation: teacher or school administrator
- 2. <u>Personal essay</u> explaining interest in P<sup>4</sup>, 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 August 13, 2025**

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

- Lesley Barfield-Robinson <a href="mailto:lbarfield@siumed.edu">lbarfield@siumed.edu</a> 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<sup>4</sup> Student Interviews will be held August 25-29, 2025. Applicants will be notified of the times and other details.

A parent informational meeting and white coat ceremony will be held at 5:30 pm on October 15, 2025. All new students are strongly encouraged to attend. Current pipeline students may attend as well.

First Module is October 20-23 & October 27-30, 2025

Second Module is January 26-29, 2026 & February 2-5, 2026

Graduation will be on Thursday February 12, 2026

Daily Schedule

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

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



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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:	
<ul> <li>Address if different from student</li> </ul>		
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 Experienc	es
Extracurricular, school, civic and/or religious activition hobbies, etc. Make copies of this section in the	page as needed.
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 ( $P^4$ ).

Student Name
Administrator Name/position
Phone Number (optional)
Student's GPA (must be at least 2.5 on 4.0 scale; may use 8 <sup>th</sup> grade GPA)
Please rate the student in the following areas as <b>Exceptional</b> , <b>Above Average</b> , <b>Average</b> , or <b>Below Average</b> . 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!