

MEDPREP Program Application ~ 2026 Entry

MEDPREP program interest pre-Medical pre-Dental pre-PA

I. Name and Demographic Information

Legal Name

Preferred Name

Alternate name (any other name that may appear on school transcripts)

Birth Date:

Birth Place (City and State):

Birth Country:

Preferred Mailing Address:

Permanent Mailing Address:

Street

Street

City, State & ZIP

City, State & ZIP

ZIP

e-Mail

Cell Phone Number

Are you a citizen of the U.S.A.?

Yes

No (If No, fill out next line)

Country of Citizenship

US Immigration Status (PR, Visa, DACA):

Current or Previous US Military Service?

Yes

No (If Yes, fill out next line)

Service Branch:

Anticipated military service status at time of enrollment:

II. Childhood information

A.. Parent/Guardian 1

Name

Mother

Father

Guardian

Living?

Yes

No

Don't Know

Occupation:

Highest level education completed:

B. Parent/Guardian 2

Name

Mother

Father

Guardian

Living?

Yes

No

Don't Know

Occupation:

Highest level education completed:

C. Number of Siblings:

(write in how many brothers and sisters, not including yourself)

D. Childhood Home: Where did you spend most of your time growing up until age 18?

City & State:

Country:

Do you believe the area in which you grew up is medically underserved? (Yes/No)

E. Languages – please list up to 3 languages used in your childhood home (up to age 18).

English language	never	rarely	sometimes	often	always
Other language _____	never	rarely	sometimes	often	always
Other language _____	never	rarely	sometimes	often	aalways

III. Financial Background

A. Have you or members of your immediate family ever used federal or state assistance programs?

Yes No

B. What was the income level of your family during the majority of your life from birth to age 18?

Select Level: < \$50K/year 50-100K/year 100-200K/year >200K/year

C. Did you have paid employment prior to age 18?

Yes No

D. Were you required to contribute to overall family income (as opposed to working primarily for your own discretionary spending money)?

Yes No

E. How many people lived in your primary household during the majority of your life from birth to age 18? (*Include yourself in this number:*)

F. Did you receive a Pell Grant at any time while you were an undergraduate student?

Yes No

G. Did you receive a MAP grant at any time you were an undergraduate student? (IL Schools only)

Yes No Not Applicable (did not attend Illinois College/University)

H. How did you pay for your college education?

Estimate the percent, between 0% and 100%, contributed by each funding source towards your undergraduate education. Your numbers should add up to 100%.

Academic merit scholarship

Financial scholarship

Student Loans (eg FAFSA)

Family contribution

Applicant contribution

Other (*describe in box below*):

TOTAL = 100%

IV. Learned about MEDPREP

Please describe how you learned about the MEDPREP program:

V. Misdemeanor and Felony

Applicants need **NOT** disclose any instance where they:

- were arrested but not charged;
- were arrested and charged, but the charges were dropped;
- were arrested and charged, but found not guilty by a judge or jury;
- were arrested and found guilty by a judge or jury, but the conviction was overturned on appeal; or
- received an executive pardon.

Responding “Yes” to these questions will not necessarily disqualify you for acceptance or admission.
MEDPREP will consider the information in the context of the entire application.

- A. **Misdemeanor**: Have you ever been convicted of, or pleaded guilty or no contest to, a Misdemeanor crime, excluding 1) any offense for which you were adjudicated as a juvenile, 2) any convictions which have been expunged or sealed by a court, or 3) any misdemeanor convictions for which any probation has been completed and the case dismissed by the court?

Yes

No

If yes, please explain the circumstances) and date(s). *([More space on p. 9 if needed])*

- B. **Felony**: Have you ever been convicted of, or pleaded guilty or no contest to, a Felony crime, excluding 1) any offense for which you were adjudicated as a juvenile, 2) any convictions which have been expunged or sealed by a court?

Yes

No

If yes, please explain the circumstances, date(s) and sentence(s) imposed, and the type(s) of rehabilitation. *[More space on p. 9 if needed]*

VI. School Information

A. High School. If you attended multiple high schools, indicate the one from which you graduated.

School Name

City, State

Country _____

Approximate size of graduating class

Year graduated:

B. Colleges/Universities. Please list schools where you were enrolled for at least one course, even if credits have been transferred, no credits were earned, or you withdrew. This includes taking foreign coursework, a study abroad course, or any military coursework, as well as any college courses taken while in high school. List in chronological order (earliest school attended first).

School:

City, State

Country

Major

Minor

Degree earned (or write NONE)

Dates Attended

School:

City, State

Country

Major

Minor

Degree earned (or write NONE)

Dates Attended

School:

City, State

Country

Major

Minor

Degree earned (or write NONE)

Dates Attended

School:

City, State

Country

Major

Minor

Degree earned (or write NONE)

Dates Attended

If you attended more than 4 colleges/universities, check here and list additional schools in the **Additional Information** response box on page 9.

- C. Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw? Yes No
- If yes, choose the appropriate institutional action category: Academic Conduct Both
- If yes, please explain the date(s), circumstance(s), and resolution below.

- D. Have you previously applied to, or are currently applying to, medical, dental, or PA school?
- Yes No *If yes, note application cycle(s) (years):*

VII. Test Scores

<u>ACT</u>	Yr	Score	<u>SAT</u>	Yr	Math	VR/W	Total
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Prior/planned MCAT exams

I have taken an official MCAT exam: Yes No *If yes, please fill out the test information below:*

Most recent MCAT date

Enter TOTAL Score(s) for ALL MCAT exams taken:

Total number of official MCAT exams completed at time of application:

I plan to take the MCAT prior to MEDPREP entry: Yes No *(Note: MCAT not required for MP admission)*

If yes, please enter anticipated date (mo/yr)

Prior/planned DAT exams

I have taken an official DAT exam: Yes No *If yes, please fill out test information below:*

Most recent DAT date

List Academic Average Score for ALL Official DAT Tests that you have taken:

I plan to take the DAT prior to MEDPREP entry: Yes No *(Note: DAT is not required for MP admission)*

If Yes, please enter anticipated date (mo/yr)

Prior/planned GRE exams

I have taken an official GRE exam: Yes No *If yes, please fill out test information below:*

Most recent GRE date

Verbal Score

Quant Score

I plan to take the GRE prior to MEDPREP entry: Yes No *(Note GRE is not required for MP admission)*

If Yes, please enter anticipated date (mo/yr)

VIII. Activities

A. **Research/Professional Exploration.** Please enter up to 10 research or professional (medical, dental, etc.) related activities, such as shadowing, work as CNA, dental technician, pre-health clubs, etc. If you have done research, you should list it here also. **Do not skip this page;** it s an important part of your application. You can list up to 10 medically-related research and professional exploration activities. For activity type, write *shadowing, volunteer, work, clubs, research* or *other*.

Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Dates	Total Hours
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B. Please enter up to 10 work/community service/social justice activities.

This is an important part of your application. Do not skip this page. Activity types include (non-medical/dental/) jobs, school clubs, and service to your community, such as volunteering at school, church, community centers, etc. You can list up to 10 activities.

Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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Name/description

Activity Type:	Dates	Total Hours
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VIII. Short Essays

- A. **Career Interest.** Describe your interest in a medical/dental/PA career; in other words, how do you know you want to become a physician/dentist/physician assistant? (2000 character limit)

- B. **MEDPREP Interest.** Why do you want to enroll in the MEDPREP program? (2000 character limit)

C. (Optional) Other impactful experiences description. Have you overcome challenges or obstacles in your life that you would like to describe in more detail, that affected your college education or your path to medical, PA or dental school? Please use the box below to describe these experiences. This could include lived experiences related to your family background, financial background, community setting, educational experiences, and/or other life circumstances. *(1500 character limit)*.

D. (Optional) Additional Information. If there is anything else about you that this application form was not able to capture accurately or completely? If so, please use the space below to provide any additional information that you would like us to know. *(2000 character limit)*.

IX. Letters of Recommendation

MEDPREP requires two letters of recommendation, but you may submit up to three. You should endeavor to have at least one letter from a science or research faculty member, if at all possible. Letters from college faculty members are preferred, but you may also use medical/dental professionals or work supervisors as recommenders.

Recommender 1

Name _____ Title _____
Organization _____
Email _____ Phone number _____

Recommender 2

Name _____ Title _____
Organization _____
Email _____ Phone number _____

Recommender 3

Name _____ Title _____
Organization _____
Email _____ Phone number _____

X. Certification Statement

I certify that the information in this application and associated materials is current, complete, and accurate to the best of my knowledge. I understand that I am required to inform the admissions office of any substantive changes after the date of original application, including any changes in citizenship status, misdemeanor or felony convictions, new institutional actions, schools attended or MCAT or GRE test scores.

Printed Name:

Date:

REMINDER: Please send this application and all other required materials directly to the MEDPREP program via email at: ***mpadmissions@siumed.edu***.

DO NOT apply via the SIUC online application portal.