

Physician Pipeline Preparatory Program (P⁴)

High school freshmen interested in becoming doctors are invited to the Physician Pipeline Preparatory Program (P⁴), sponsored by SIU School of Medicine, Springfield Public Schools and the Sangamon County Medical Society. P⁴ 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 dozens of physician career possibilities.

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

The selection process for P⁴ 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 favors applicants from underrepresented groups (African-Americans, Hispanics, Native Americans, Alaskan Natives and Pacific Islanders), as well as potential first-generation college students and those who might not otherwise be able to pursue premedical experiences.

Additional Facts About the Program

- A program director monitors participants' grades, attendance, and behavior in high school, as well as during P⁴ activities.
- Students must maintain a 2.5 GPA in high school, or greater, to remain in P⁴.
- 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 by P⁴ administrators.

Questions regarding P⁴ should be directed to:

- Nalo Mitchell, Coordinator of School, Family and Community Relations, Springfield Public Schools, 217-525-3047 or نالوم@sps186.org
- Cheree Morrison, Director of Secondary Schools and Programs, 217-525-3017 or chereemo@sps186.org
- Dr. Wesley G. McNeese, wmcneese@siumed.edu or Lesley Barfield, lbarfield@siumed.edu at SIU School of Medicine, 217-545-7334

Physician Pipeline Preparatory Program (P⁴) 2019 - 2020 Application

EACH APPLICATION MUST CONTAIN:

1. **Three letters of recommendation**: teacher, school administrator and community member preferred (forms attached)
2. **Personal essay** explaining interest in P⁴, career plans and other goals. Essay should be typed, double-spaced and not more than 250 words.
3. **A summary of student experiences** (form attached)

APPLICATION DEADLINE: THURSDAY, SEPTEMBER 26, 2019

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

- By mail: Wes McNeese, MD, or Lesley Barfield at SIU School of Medicine, PO Box 19620, Springfield, IL 62794-9620 or Nalo Mitchell, District 186 Board Office, 1900 W. Monroe, Springfield, IL 62704
- E-mail to nalom@sps186.org or chereemo@sps186.org
- Drop off application at SIU School of Medicine, 801 N. Rutledge (door that faces north). Pull up to entrance and drop off with Security. Or drop off application at District 186 Board Office, 1900 W. Monroe, c/o Nalo Mitchell. **Note: All District 186 students applying must return their applications to the Board office on Monroe.**

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

Note: Prospective P⁴ Student Interviews will be held October 7-11, 2019. All interviews will be at SIU School of Medicine. Applicants will be notified of the times and room locations.

A student/parent informational meeting and white coat ceremony will be held at 5 pm on October 30, 2019, at SIU School of Medicine, 801 N. Rutledge, in the South Auditorium. All new students are strongly encouraged to attend. Current pipeline students can attend as well.

**First Study Module is November 4-7 and 12-14, 2019
Second Study Module is February 3-6 and 10-13, 2020**



Physician Pipeline Preparatory Program (P⁴)
2019 - 2020 Application

Student Name _____

School _____

Home Address _____

City _____ State _____ Zip Code _____

Student Cell Phone: _____ Home Phone: _____

Student e-mail address: (print clearly) _____

Birth date _____ Gender _____ Ethnicity _____

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

Parent(s) / Guardian Contact Information:

Mother:

- Name: _____ Cell Phone: _____
- Address if different from student _____
- Home Phone: _____ Work Phone: _____
- e-mail address: (print clearly) _____

Father:

- 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 per week _____

Organization Contact Person _____

Phone Number _____

Description: _____

Organization _____

Dates worked/served/participated _____

Number of hours per week _____

Organization Contact Person _____

Phone Number _____

Description: _____

Organization _____

Dates worked/served/participated _____

Number of hours per week _____

Organization Contact Person _____

Phone Number _____

Description: _____



School Administrator Reference

Please complete this 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, and 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!



School Teacher Reference

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

Student Name _____

Teacher 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, and 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)

Teacher'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!



Community Member Reference

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

Candidates Name _____

Community Member Name/Relationship _____

Phone Number (optional)_____

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

Interactions with friends_____

Interactions with neighbors_____

Communication skills_____

Leadership skills_____

Level of maturity_____

Acceptance of responsibility_____

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

Community Member Signature_____

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