



## **Physician Pipeline Preparatory Program (P4)**

# Because of the Coronavirus pandemic effects on all aspects of our lives, Pipeline activities this academic year will be online.

High school freshmen interested in becoming doctors are invited to the Physician Pipeline Preparatory Program (P<sup>4</sup>), sponsored by SIU School of Medicine, Springfield Public School District 186 and the Sangamon County Medical Society. P<sup>4</sup> 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.

P<sup>4</sup> 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. P<sup>4</sup> students are expected to remain in the program throughout their high school education.

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

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

- Nalo Mitchell, Coordinator of School, Family and Community Relations, Springfield Public Schools, 217-525-3047 or <a href="mailto:nalom@sps186.org">nalom@sps186.org</a>
- Cheree Morrison, PhD, Director of Secondary Schools and Programs, 217-525-3017 or chereemo@sps186.org
- Dr. Wesley G. McNeese, <u>wmcneese@siumed.edu</u> or Lesley Barfield, <u>lbarfield@siumed.edu</u> at SIU School of Medicine, 217-545-7334





## Physician Pipeline Preparatory Program (P<sup>4</sup>) 2020-2021 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.**
- 3. A summary of student experiences (form attached)

# APPLICATION DEADLINE: THURSDAY, SEPTEMBER 17, 2020

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

- Email to Wes McNeese, MD, <u>wmcneese@siumed.edu</u> or 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.

Note: Prospective P<sup>4</sup> Student Virtual Interviews will be held October 5-9, 2020. Applicants will be notified of the times and other details.

A virtual student/parent informational meeting will be held at 5 pm on October 27, 2020. All new students are strongly encouraged to attend. Current pipeline students may attend as well.

First Study Module is November 16-19 and 23-24, 2020. Second Study Module is TBD.





## Physician Pipeline Preparatory Program (P<sup>4</sup>) 2020 – 2021 Application

| Student Name                               |                      |            |  |
|--|----------------------|------------|--|
| School                                     |                      |            |  |
| Home Address                               |                      |            |  |
| City                                       | State                | Zip Code   |  |
| Student Cell Phone:                        | Hoi                  | me Phone:  |  |
| Student e-mail address:<br>(Print clearly) |                      |            |  |
|  | Gender               | Ethnicity  |  |
| Birth date                                 |                      |            |  |
| Do you have regular access                 | to the Internet? Yes | No         |  |
| Parent(s) / Guardian Contac                | ct Information:      |            |  |
| <u>Mother</u> :                            |                      |            |  |
| • Name:                                    | Cell                 | Phone:     |  |
| Address if different f                     | rom student          |            |  |
| Home Phone:                                | Wc                   | ork Phone: |  |
| e-mail address: (prin                      | t clearly)           |            |  |
| Father: • Name:                            | Cell                 | Phone:     |  |
| <ul> <li>Address if different f</li> </ul> | rom student          |            |  |





| Home Phone:                      | Work Phone:  |
|----------------------------------|--|
|                                  |  |
| e-mail address: (print clearly)  |  |
| Student Signature                | Date   |
| Parent/Guardian Signature        | Date   |
| Student I                        | Experiences  |
| hobbies, etc. Make cop           | us activities; volunteer experiences, pastimes, ies of this page as needed.  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:                     |  |





## **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> , and <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!