Physician Pipeline Preparatory Program (P⁴)

High school freshmen interested in a career as a physician 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 high school students alongside medical students and other professionals for a rigorous curriculum. The program introduces them to the field of medicine and exposes them to dozens of physician career possibilities.

P⁴ 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. This four-year after-school program features two, 2-week modules of study during the academic year. P⁴ students are expected to remain in the program through all of their high school education. Ten students are accepted into the program each academic year.

The selection process for P⁴ begins by submitting 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 an attendance rate of at least 80%. The selection committee looks favorably upon 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 get exposure to such premedical experiences. Students from outside the district may apply.

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 at least a 2.5 GPA in high school 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 nalom@sps186.org
- Cheree Morrison, Director of Secondary Schools and Programs, 217-525-3017 or chereemo@sps186.org
- Dr. Wesley G. McNeese, SIU School of Medicine, 217-545-7334 or wmcneese@siumed.edu
Physician Pipeline Preparatory Program (P^4)

2017 - 2018 Application

EACH APPLICATION MUST CONTAIN:

1. Three letters of recommendation: teacher, school administrator and community member preferred. Forms are attached.

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.

3. A summary of student experiences (form attached)

APPLICATION DEADLINE:
MONDAY, SEPTEMBER 25, 2017

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

- By mail: Wes McNeese, M.D., 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
- Please 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.

Please note: Prospective P^4 Student Interviews will be held October 9-13, 2017. All interviews will be at SIU School of Medicine. Applicants will be notified of the times and room locations.

- First Module of Study is November 6-9 and 13-16, 2017.
- Second Module of Study is April 16-19 and 23-26, 2018
  (Participating students will be excused April 17 for the All City Musical)

A student/parent informational meeting is scheduled for Thursday, November 2, 2017, 5 – 6 pm at SIU School of Medicine, 801 N. Rutledge, South Auditorium.
  Attendance at this meeting is strongly encouraged.
Physician Pipeline Preparatory Program (P4)
2017 - 2018 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 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 Physician 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 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 Physician 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)*

Candidate’s name ________________________________________________________________

Community member name/relationship _____________________________________________

______________________________________________________________________________

Phone number (optional) __________________________________________________________

Please rate the candidate in the following areas as Exceptional, Above Average, Average or 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 Physician 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!*