

UNIVERSITY OF PENNSYLVANIA 2009 SUMMER MENTORSHIP PROGRAM
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Name of Applicant: _____

High School: _____

Grade: _____

Address: _____

City, State, Zip code _____

Home Phone: _____ Cell Phone: _____

Best time to reach you outside of school hours: _____

Email Address: _____

School Contact: Name: _____ Phone: _____

Preferred program: Please rank order your **top three** programs you would like to attend.

Dental Medicine		Medicine	
Engineering/IT		Nursing	
Law		Veterinary Medicine	

Parent/Guardian Name(s): _____

Parent / Guardian phone number: _____

Where did you hear about this program? _____

During the school year, which activities are you involved in (please check all that apply)

- Community Service (please specify where) _____
- Computer Games/ Internet
- Employment
- Music program
- Religious activities
- School clubs
- Sports
- Other (please specify) _____

MISSION OF THE PROGRAM: The Summer Mentorship Program seeks students currently enrolled in grades 10 or 11 who have the ability, but not the advantages, that are key to success in preparation for

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studies that can lead to a variety of professions. Through this program, selected students will be exposed to an academic experience, have an opportunity to explore various professional opportunities, obtain hands-on experience at the University of Pennsylvania and gain valuable mentoring from a variety of professionals. Priority will be given to students from groups traditionally underrepresented in higher education, including those from lower income families and those seeking to be the first generation in their family to attend college.

SELECTION CRITERIA: Students must be currently enrolled in 10th or 11th grade in Philadelphia public or charter high schools. Students are selected on the basis of their ability to benefit from, and contribute to, the program. We seek students who are motivated, committed, and responsible. In order to evaluate these qualities we require the following documents:

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- I. **Personal Statement:** This statement allows us to evaluate your writing skills and ability to communicate effectively. It also offers you an opportunity to demonstrate your interest in attending the program. We are most interested in learning about your motivations, leadership skills, special talents and abilities and your enthusiasm for the program. We are also interested in knowing about your goals after completing high school. The personal statement must be limited to 500 words, typed or neatly printed, single sided. Please attach your personal statement to this form. **This is the most important piece of the application.**

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II. **High School Academic Records:** Please attach a copy of your transcript so we can see what courses you have taken, beginning with the 9th grade. Admission is not solely based upon your GPA.

III. **Recommendation Letters (please attach two, using the standardized form attached. Each one should be in a sealed envelope):** Academic ~ provided by a teacher or principal who can confirm your academic achievements. Extra-curricular ~ provided by a leader/coach/mentor who can confirm your non-academic achievements or commitments. Please list the names of your references below.

Name (Please PRINT)	Organization and Email address	Bus. Telephone
		()
		()

The program runs on weekdays from **July 7-August 5, 2009**. Events will start no earlier than 9 am and end no later than 4 pm. **Each participant who successfully completes the program will receive a stipend of \$400.** Please note that the deadline for submission is **April 17, 2009**. Please send application materials directly to: Summer Mentorship Program, Office of the Associate Vice Provost for Equity & Access, University of Pennsylvania, 220 S. 40th Street, Ste 260, Philadelphia, PA 19104-3512.

Signature of Student: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

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Recommendation Form

Name of student _____

If you are a teacher, please tell us what course you taught this student and at what grade-level. Then tell us what grade the student received in the class.

Course _____ Grade-level _____

Grade in class _____

If the applicant was not a student in one of your classes, in what capacity do you know the applicant?

Have you ever known this student to have any disciplinary problems in school? If so, can you please provide a brief description? **In particular, how consistent has this student's attendance record in school?**

Please tell us why you think this applicant is a good candidate for this program, i.e. what the candidate brings to the program.

Please tell us why this particular applicant would benefit from this program, i.e. what this candidate would take from the program.

Is there anything else you would like us to know about this applicant?

Signature of Recommender: _____ **Date:** _____

Please place in a sealed envelope with name of student on top and return to the student to be submitted with his or her application. Thank you.

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