MISSION OF THE PROGRAM:

The Provost Summer Mentorship Program is an innovative four-week experience, aiming to inspire first-generation and minority students in Philadelphia to view higher education as an achievable and worthwhile goal. Students selected for the program are provided the opportunity to partner with, and learn from the five professional schools here at the University. These include the Penn School of Dental Medicine, Penn Nursing, Penn Engineering, Perelman School of Medicine, and Penn Law. Over the course of the program, admitted high school students gain first-hand experience in chosen academic disciplines and the opportunity to explore a variety of career opportunities.

Priority will be given to students from groups traditionally under-represented 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 grade in a Philadelphia public or charter high school. (Students enrolled in private schools are not eligible for this program.) Students are selected on the basis of their ability to benefit from, and contribute to the program. The Provost Summer Mentorship Program seeks students who are motivated, committed, and responsible. In order to evaluate these qualities, we require the following documents:

Part I:

Personal Statement and Program Question:

This statement allows us to evaluate your writing skills and your 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, enthusiasm to participate in the program, and why you selected your preferred program of choice.

We are also interested in knowing about your goals after completing high school and what you aspire to achieve during your participation in SMP.

The personal statement must be at least 500 words and no more than 750 words, typed, double spaced, and single-sided.

Please attach your personal statement to this form.

○ Please Note: This is the most important section of your application.
Programming Schedule:

The Summer Mentorship Program runs Monday – Friday, beginning Monday, July 8th, 2019 – August 2nd, 2019. The Program will begin promptly at 9:00 am each day, and conclude no later than 5:00 pm each day.

Please note that the **DEADLINE** for all application submissions is:

**April 1st, 2019**

**Applications will not be accepted if faxed. Hand delivery and/or U.S. Postal delivery required**

**Each participant will receive a monetary stipend upon successful completion of the program, lunch daily on all programming dates, and a SEPTA transpass for travel to and from the program***

Please send application materials directly to:

Provost Summer Mentorship Program
Office of the Associate Vice Provost for Equity & Access
University of Pennsylvania
220 South 40th Street, Suite 260,
Philadelphia, PA
19104 - 3512.
Part II:

First Name: ____________________  Last Name: __________________________

Date of Birth: __________________  Gender:  □ Male  □ Female

Race/Ethnicity:  □ Black/African American  □ White  □ Hispanic/Latino
□ Asian/Pacific Islander  □ American Indian/Alaskan Native  □ Other

High School: __________________________________________________________

Current Grade: _______________________________________________________

Are you currently employed?  □ Yes  □ No

Home Address: _________________________________________________________

City, State, Zip Code: __________________________________________________

Home Phone: ___________________  Cell Phone: ___________________________

Best time to reach you (outside of school hours): _________________________

E-mail Address: _________________________________________________________

Print Parent/Guardian Name(s): __________________________________________

Parent / Guardian phone number(s): ______________________________________

Print Name of High School Counselor: _____________________________________

High School Counselor’s Phone Number: (______) - ____ - ________________
Preferred program: Please rank (1, 2, & 3) your top three fields of study.

<table>
<thead>
<tr>
<th>Dental Medicine</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engineering/IT</td>
<td>Nursing</td>
</tr>
<tr>
<td><em>(9th graders receive priority)</em></td>
<td></td>
</tr>
<tr>
<td>Law</td>
<td></td>
</tr>
</tbody>
</table>

Please Note: Your ranking will NOT guarantee your placement in any selected program(s).

How did you hear about this program? ____________________________________________

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

☐ Employment
☐ Music Program
☐ Religious Activities
☐ School Clubs
☐ Sports
☐ Community Service (please specify where) ________________________________
☐ Other (please specify) ________________________________________________

Priority will be given to students from groups traditionally under-represented in higher education, including those from lower-income families and those seeking to be the first generation in their family to attend college.

Have your parents ever attended, or are currently attending, a College or University?

☐ Yes ☐ No

If applicable, have your sibling(s) ever attended, or are currently attending, a College or University?

☐ Yes ☐ No

Is anyone in your immediate family employed by the University of Pennsylvania?

☐ Yes ☐ No

If yes, please provide the following information:

First Name: ____________________________ Last Name: ______________________

Department: ________________________________

Signature of Student: ____________________________ Date: __________

Signature of Parent/Guardian: ____________________________ Date: __________
Part III:

**Recent Academic Record**

Please attach a copy of your most recent transcript beginning with the 9th grade to the present semester. However please be advised admission is **not solely** based upon your GPA.

**Recommendation Letter Instructions**

This application requires **2 academic letters of recommendation** from a teacher, guidance counselor or principal.

The recommendation letter should include the following:

- Course(s)
- Current Grade-level
- Have you ever known this student to have any disciplinary problems in school? If so, can you please provide a brief description? **In particular, is the student’s attendance record consistent?**
- Please describe why you think the applicant is a good candidate for this program. What will the candidate bring to the program?
- Please elaborate on why this particular applicant would benefit from this program. What will this candidate gain from the program?
- Is there anything else you would like us to know about the applicant?

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

*Thank you.*