



PROVOST SUMMER MENTORSHIP PROGRAM

220 S. 40th Street, Suite 260, Philadelphia, PA 19104 | 215-746-8242

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.**



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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.***



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PLEASE PRINT CLEARLY!!

If your email address and/or contact information are illegible you will miss valuable acceptance notifications!!

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: (_____) - _____ - _____



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Preferred program: Please rank (1, 2, & 3) your **top three** fields of study.

Dental Medicine		Medicine	
Engineering/IT <i>(9th graders receive priority)</i>		Nursing	
Law			

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: _____



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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.