MISSION OF THE PROGRAM:

The Provost’s Summer Mentorship Program (SMP) is a signature initiative of the University of Pennsylvania's VPUL Equity & Access Programs Department. Designed to increase college access for underrepresented, first-generation, minority students; SMP’s rising 10th grade participants (interested in Engineering & Applied Sciences only), and rising 11th grade participants (interested in any one of our five available fields of study offered) enrolled in both Philadelphia Public and Charter Schools have desires to pursue baccalaureate degrees in one of our five SMP affiliated, majors of study: i.e. - Dental Medicine, Perelman School of Medicine, School of Engineering & Applied Sciences, Law School, and School of Nursing.

SMP has been established to inspire and encourage its participants to seek enrollment in a four-year, post-secondary educational institution of their choice. By providing an invaluable opportunity for our participants to obtain hands-on, experiential learning, and insight in one of the aforementioned fields of study, we strive to more advantageously prepare young scholars enrolled in both Philadelphia’s Public and Charter Schools.

Priority and participant placement 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:

Applicants must be enrolled in either a Philadelphia Public or Charter High School and currently in 10th grade (for Dental, Law, Engineering, Medicine, or Nursing) or 9th grade (for Engineering ONLY!!)

**(Students enrolled in Private and/or Catholic schools are not eligible for this program)**

Participants are selected on the basis of their ability to benefit from, and contribute to the program and their professional school cohort of peers. The Provost’s Summer Mentorship Program seeks applicants who are motivated, committed, and responsible young scholars. In order to evaluate these qualities, we require the following personal statement and documentation outlined in the five sections below:

**Part I:**

Please Note: This is one of the most important sections of your application.

**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, dedication to your educational advancement, and enthusiasm to participate in the Provost’s Summer Mentorship Program.

Using two or more examples of personal experiences please describe a time in your life when you were faced with and obstacle that you had to overcome. When confronting this obstacle how did it challenge your leadership skills and problem solving abilities?

What do you aspire to achieve during your participation in SMP? Why did you select your preferred (#1) program placement? Lastly, what are your goals after completing high school?

The personal statement must be at least 600 words and no more than 750 words, typed, double spaced, and single-sided.
PROGRAMMING SCHEDULE

The Provost’s Summer Mentorship Program operates Monday through Friday, and will begin promptly at 8:55 am each day, and conclude no later than 5:00 pm daily.

July 6, 2020 – July 31, 2020

APPLICATION DEADLINE

Due: April 3, 2020

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’s Summer Mentorship Program
VPUL Equity & Access Programs
University of Pennsylvania
220 South 40th Street, Suite 260,
Philadelphia, PA
19104 - 3512
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  ☐ Other __________

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

Do you qualify for free or reduced lunch at school?  ☐ Yes  ☐ No

Have you been diagnosed with either a physical or cognitive disability and/or impairment?  ☐ Yes  ☐ No

If yes, what accommodations do you require? ________________________________

Is English your first language?  ☐ Yes  ☐ No

If no, what is your first language? ________________________________

Home Address: __________________________________________________________

City, State, Zip Code: ____________________________________________________

Home Phone: ____________________ Cell Phone: ____________________________

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

Applicant E-mail Address: ________________________________________________

Parent / Guardian Name(s):________________________________________________

Parent / Guardian phone number(s):________________________________________

Parent / Guardian E-mail Address: _________________________________________

Print Name of High School Counselor: ________________________________

High School Counselor’s Phone Number & Email: ___________________________
**Preferred Program Placement:**

**PLEASE RANK (1, 2, & 3) your top three fields of study.**

(Please be advised: If you do not rank three different choices, each labeled “1, 2, or 3” your application will be placed in the wait list pile)

<table>
<thead>
<tr>
<th>Dental Medicine</th>
<th>Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engineering/IT</td>
<td>Nursing</td>
</tr>
<tr>
<td>(9th graders receive priority)</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 (please specify where) ________________________________

☐ Music Program

☐ Religious Activities

☐ School Clubs

☐ Sports

☐ Community Service (please specify where) __________________________

☐ Other (please specify) ___________________________________________________________________

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

☐ Yes ☐ No

If applicable, has your sibling(s) ever attended, or are they 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: __________________________________________

If applicable, has your sibling(s) ever attended the Provost’s Summer Mentorship Program?

☐ Yes ☐ No

*If yes, please provide the following information:*

First Name: ____________________________ Last Name: ________________________________

Participating Year & Professional School Affiliation: ________________________________

Signature of Applicant: ____________________________ Date: ______________

Signature of Applicants Parent/Guardian: ____________________________ Date: ______________
Part III:

**Academic Record**

Please attach a copy of your high school transcripts beginning with the first semester of 9th grade, to your present semester/grade.

Please be advised: Admission is *not solely* based on your GPA.

University of Pennsylvania is committed to providing an inclusive environment. Applicants are not obligated to disclose their disability and/or medical condition during the application process; however, if you wish to disclose that you have an IEP or 504 Accommodation Plan in high school, please check mark this box.

Applicants can self-disclose their disability after they are admitted to the Mentorship Program.

Part IV:

**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 and work completion effort consistent?**
- Please describe why you think the applicant is a good candidate for this program. What contribution will the candidate make to the program and their peers?
- Please elaborate on why this particular applicant would benefit from the program. What will this candidate gain from the program?
- Is there anything else you would like us to know about the applicant?

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

Thank you.

Part V:

**Medical Insurance Verification & Immunization Records**

Please attach a copy of your most recent medical immunization records, and a copy of your valid medical insurance card (front and back).

In order to be considered for the 2020 Provost’s Summer Mentorship Program you must have valid medical Insurance and your Medical Immunization Records must be up to date NO LATER THAN 6/26/20