

# KENTUCKY

Professional Education Preparation Program  
2016 Pre-college Summer Workshop  
**Sunday, June 4 – Friday, June 30, 2017**  
UNIVERSITY OF LOUISVILLE

## PROGRAM DESCRIPTION AND PURPOSE

The PEPP Pre-college Summer Workshop is a residential academic enrichment and career exploration summer program for graduating high school seniors interested in medicine or dentistry. This program equips young scholars to transition into college and helps them to plan for competitive medical or dental school applications. This program was established to assist in diminishing the number of medically underserved areas in Kentucky by developing more competitive applicants for medical and dental school from those areas. The underlying premise is that such students are more likely to return to their hometowns or similar areas to practice medicine or dentistry, thus helping to eliminate the health professional shortage areas in Kentucky.

### PEPP IS LIMITED TO STUDENTS INTERESTED IN BECOMING A PHYSICIAN OR DENTIST

#### Scholars will:

- Live on campus for the entire program
- Receive academic enrichment in college level science courses (not for credit)
- Perform hands-on activities at the medical and dental simulation labs
- Participate in health care seminars and tour health care facilities
- Attend clinical observations in the School of Dentistry Clinic, University Hospital, private medical and dental practices and other health care facilities
- Participate in teambuilding, community service and personal and professional development activities

## RESPONSIBILITIES OF PARTICIPANTS

Scholars must abide by all rules of the program, including the enforced curfew. All scholars are **required to live in the dorm 7 days a week for the duration of the program**. Scholars may be excused for pre-arranged events (no more than 2 days during the entire program), such as freshmen orientation, conferences, etc. However, a pre-arranged event sheet must be completed and signed by their parent/guardian. Scholars are required to attend classes and all scheduled activities held during the week and on weekends. Scholars will receive “free time” for socializing or leisure activities on or off campus. **Scholars are asked not to work during the program due to our busy schedule.**

## COST OF PARTICIPATION

Due to the current state budget shortfall, PEPP, like many state agencies and programs, has had to absorb multiple budget cuts during the past few years. In order to continue to administer PEPP without great compromise, the Kentucky Council on Postsecondary Education, the University of Louisville, and the University of Kentucky are in agreement that each participant shall contribute a fair portion of the cost of administering the program. Participants shall be required to pay the amount designated by the PEPP FEE SCHEDULE (page 2 of application). The PEPP Fee is based on the student’s taxable family income (after all allowable deductions) for the calendar year 2015. A **Waiver or Reduction of the PEPP Fee** will be considered upon request by the applicant’s family if it is felt that payment of the fee will cause undue financial hardship for the family. Requests for a Fee Waiver or a Fee Reduction should be made in writing along with your application. Decisions regarding fee waivers or fee reductions will be made at the discretion of the PEPP staff. Housing, in-town transportation, and educational materials will be provided to all students along with a weekly stipend to cover meals and groceries.

## ELIGIBILITY

High school seniors graduating in 2016 are eligible to apply. Applicant **must be** a Kentucky resident. Applicants **are not** required to enroll at the University of Louisville to participate in the program. **PREFERENCE IS GIVEN TO THE FOLLOWING QUALIFIED**

#### APPLICANTS:

- An applicant residing or attending high school in a designated medically underserved area in Kentucky (listed below)
- An applicant from an ethnic or racial group underrepresented in medicine (see below)

*The Association of American Medical colleges (AAMC) definition of underrepresented in medicine is: “Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population.” Before June 26, 2003, the AAMC used the term “underrepresented minority (URM),” which consisted of Blacks, Mexican-Americans, Native Americans (that is American Indians, Alaska Natives and Native Hawaiians), and mainland Puerto Ricans. The AAMC remains committed to ensuring access to medical education and medicine-related careers for individuals from these four historically underrepresented racial/ethnic groups.*

*Information received from [www.aamc.org](http://www.aamc.org).*

### The following counties are designated Kentucky Health Professional Shortage Areas

[www.hpsafind.hrsa.gov](http://www.hpsafind.hrsa.gov) (as of August 2016)

Adair, Allen, Barren, Bath, Bell, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Crittenden, Cumberland, Edmonson, Elliott, Floyd, Fayette\* (See designated areas below), Gallatin, Graves, Harlan, Hart, Henry, Hickman, Jackson, Jefferson\* (See designated areas below), Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Logan, Lyon, Madison, Magoffin, Marion, Martin, McCracken, McCreary, McLean, Meade, Menifee, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Russell, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, and Whitley.

**PLEASE NOTE:** The Louisville/Jefferson County HPSA is north of Algonquin Parkway and west of Seventh Street (West Louisville/Portland) and the Lexington/Fayette County HPSA is between Loudon Avenue and Forbes Road.

## APPLICATION COMPONENTS:

Please mail the following items as one complete application package. Partial applications will not be considered. The application package must be received by March 31, 2017.

1. **Personal Statement**- The Personal Statement is an essay where you describe yourself, describe your interest and motivation in becoming a physician or dentist, and state why you are interested in participating in the PEPP Program. Your personal statement must be typed using double spaced 12 pt font, must be at least 1 page but no more than 2 full pages. *Although it is not required, you may provide a resume on a separate piece of paper, listing your awards, extracurricular activities, community service, and other accomplishments.*
2. **Sealed Letter of Recommendation from a Science or Math Teacher**- The Letter of Recommendation must be confidential and sealed and signed by the teacher on the seal of the envelope. This letter should include an assessment of the applicant's interpersonal skills, reliability, perseverance, communication skills, self-confidence, empathy/consideration of others, ability to interact and work with others, maturity and judgment, potential to set and achieve goals, and motivation for a career in medicine or dentistry. A letter from a health magnet teacher is also acceptable.
3. **PEPP Paper Application**- Complete all sections
4. **Official High School Transcript**- With grades through Fall 2016 (must have the school seal on it). Also include transcript(s) from any college(s) you have taken courses from while in high school.
5. **Copies of your ACT and/or SAT Scores**- Unofficial copies from your school are acceptable.
6. **Your Photograph (required)**- Your application will be considered incomplete if you do not include your photograph.

## SELECTION

The Selection Committee will carefully review the application components beginning December 1, 2016. **Students are encouraged to apply early.** Applicants will be notified of their status by April 17, 2017. A limited number of alternates will also be selected and possibly be invited to participate as late as June.

***All application materials must be RECEIVED by March 31, 2017***

**Late or incomplete applications will not be considered**

### PLEASE MAIL ALL PEPP APPLICATION MATERIALS TO:

University of Louisville Health Sciences Center  
Office of Diversity and Inclusion  
Abell Administration Building, Room 502  
323 E. Chestnut St.  
Louisville Kentucky 40202  
Attn: PEPP

### QUESTIONS?

Contact U of L Darryl Young Jr. Program Coordinator  
HSC Office of Diversity and Inclusion  
502-852-5741

[darryl.young@louisville.edu](mailto:darryl.young@louisville.edu)

<http://louisville.edu/hsc/diversity>

MEDICAL SCHOOL INFORMATION	DENTAL SCHOOL INFORMATION
<a href="http://www.louisville.edu/medschool/admissions">www.louisville.edu/medschool/admissions</a>	<a href="http://www.dental.louisville.edu">www.dental.louisville.edu</a>

Please note: An additional PEPP Pre-College Summer Workshop is offered at the University of Kentucky. For more information, contact the UK PEPP office at (859) 257-1968

The Professional Education Preparation Program is sponsored by the Kentucky Council on Postsecondary Education in cooperation with the University of Louisville, the University of Kentucky, and University of Pikeville Kentucky College of Osteopathic Medicine.

**Please keep these two pages for your information and only return the actual application**

**THANK YOU!**

**UNIVERSITY OF LOUISVILLE**  
2017 PEPP Pre-college Summer Workshop Application  
(PLEASE TYPE OR PRINT LEGIBLY)

**PERSONAL INFORMATION**

Mr.  Ms.  Mrs.  \_\_\_\_\_  
(Check one) First Middle Last Preferred Name

Home Address \_\_\_\_\_  
Street/Route/Post Office Box City State Zip

County of Residence: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Your Cell Phone #: ( ) \_\_\_\_\_

**\*E-mail Address (all communications regarding the workshop will be sent via email):** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) Gender: \_\_\_\_\_

Which category best describes your race (check all that apply):  African American/Black  Asian or Pacific Islander

White  Native American/Alaskan Native  Other (most appropriate racial/ethnic description) \_\_\_\_\_

Are you Hispanic or Latino?  Yes  No

Are you a U.S Citizen?  Yes  No

Are you a Permanent Resident?  Yes  No

**HIGH SCHOOL INFORMATION**

H.S. currently attending \_\_\_\_\_ County Located: \_\_\_\_\_

H.S. Phone Number \_\_\_\_\_ Unweighted Grade Point Average: \_\_\_\_\_ Class Size \_\_\_\_\_ Class Rank/Standing \_\_\_\_\_

If applicable, please indicate your **highest** ACT Composite Score: \_\_\_\_\_ If applicable, please indicate your **highest** SAT Composite Score: \_\_\_\_\_

If not included on your submitted transcript, please list all courses you are taking (or intend to take) for Fall 2016/Spring 2017 below:

**Fall 2016**

\_\_\_\_\_  
\_\_\_\_\_

**Spring 2017**

\_\_\_\_\_  
\_\_\_\_\_

**COLLEGE AND SUMMER PROGRAM INFORMATION**

College planning to attend: \_\_\_\_\_ Indicate Semester Starting: \_\_\_\_\_

Health Career Interest:  Medicine  Dentistry  Other \_\_\_\_\_ Intended Major: \_\_\_\_\_  Undecided

Have you taken any college courses for credit?  No  Yes ***If yes, please provide an official or unofficial copy of your transcript.***

Have you participated in the Pikeville PEP Program?  No  Yes If so, which year? \_\_\_\_\_

Have you participated in UK AHEC summer program(s)?  No  Yes If so, which program(s)/year? \_\_\_\_\_

Please list below the title and dates of other summer academic programs you've attended while in high school (i.e., Governor Scholars Program):

Did not attend any other summer programs.

**EXTRACURRICULAR ACTIVITIES**

List extracurricular activities including clubs/organizations, religious activities, volunteering/community service or vocational activities that you have participated in during high school: (You may include a separate sheet if more space is needed).  Refer to separate sheet of paper

\_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Employer \_\_\_\_\_ Type of Job \_\_\_\_\_ Hours per Week \_\_\_\_\_

Have you ever been terminated, suspended or expelled from school or work for disciplinary reasons?  Yes  No  
Have you ever been charged with or convicted of a misdemeanor or felony?  Yes  No

If yes to either of the above, please explain on a separate sheet of paper.

**SPECIAL CIRCUMSTANCES:** Please explain any special circumstances you would like to be known in considering you for PEPP (i.e., illness, disability, personal or family circumstances). Please provide a separate sheet if more space is needed.

### FAMILY AND FINANCIAL INFORMATION

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Street/Route/Post Office Box City State Zip

Mother's/ Guardian's Occupation \_\_\_\_\_ Mother's/Guardian's Work Phone # \_\_\_\_\_

Mother's/ Guardian's Education Level:  No Diploma  GED/H.S. Diploma  Associates  Bachelors  Masters  Doctorate

Father's/ Guardian's Occupation \_\_\_\_\_ Father's/Legal Guardian's Work Phone# \_\_\_\_\_

Father's/ Guardian's Education Level:  No Diploma  GED/H.S. Diploma  Associates  Bachelors  Masters  Doctorate

How many dependents living at home (including applicant)? \_\_\_\_\_ How many dependents in/going to college (including applicant)? \_\_\_\_\_

**2015 FAMILY ANNUAL TAXABLE INCOME (After all Allowable Deductions):** \_\_\_\_\_

#### PEPP FEE SCHEDULE

Family Annual Taxable Income	Required Payment
\$29,999 or Less	\$0
\$30,000-34,999	\$150
\$35,000-39,999	\$300
\$40,000-44,999	\$450
\$45,000-49,999	\$600
\$50,000-54,999	\$750
\$55,000-59,999	\$900
\$60,000-64,999	\$1,050
\$65,000-69,999	\$1,200
\$70,000-74,999	\$1,350
\$75,000 or Greater	\$1,500

### THE PARENT/GUARDIAN OF THE APPLICANT MUST SIGN THE FOLLOWING STATEMENT

I certify that the taxable income as reported on my most recent IRS Form 1040 (calendar year 2015) is equal to the amount indicated above.

Please check one of the following:  I need to request a fee waiver (See instructions at the bottom of this page).

I do not need to request a fee waiver. I understand that if my child is accepted and chooses to attend the program, I am required to pay the corresponding fee.

Parent/Guardian's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### THE HIGH SCHOOL SENIOR APPLICANT MUST SIGN BELOW TO CONFIRM INFORMATION

By my signature below, I hereby certify that the information provided on this application and in my personal statement is true and accurate to the best of my knowledge. I understand that any revealed falsification will result in the withdrawal of my application.

Student's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### FEE WAIVER REQUEST

If the applicant's family feels that payment of the PEPP fee would present a financial hardship, a request for a WAIVER or REDUCTION of this fee will be considered. Requests for a fee waiver should be submitted along with the PEPP application. Requests must include a letter of explanation and documentation of any circumstances you wish to present for consideration. **All selected applicants who submitted fee waiver requests will be kept confidential.** Requests must include an explanation of circumstances you wish to present for consideration.