The Health Professions Prep (HPP) is an Academy for high school students that provides exposure to careers in the health sciences at the University of Pittsburgh. The program encourages participation from groups that have been traditionally underrepresented in the health sciences. Students will engage in a variety of interactions which will include the following.

- **Career Awareness and Exploration**: Experiences that assist students in understanding the roles of the career(s) as well as the high school academic preparation required for undergraduate study in science
- **Clinical Experience**: Interactive workshops related to activities in the profession
- **Student Mentoring**: Panels and or speed mentoring format
- **Academic Experience**: Scientific presentations, and or interprofessional clinical case presentations that demonstrate the intersection of professionals in the medical community
- **Reflection**: Journal and feedback sessions that relate to the impressions of the profession and the academic preparation required
- **Observation and Influential Conversations**: Observation of a professional and or a conversation that provide faculty the opportunity to share their careers experiences through the continuum of education, training and practice
- **Academic Planning**: Planning that provides the course pathway and choice specific to the health sciences
- **Student Success Skills**: Exposure to the skill behaviors and attitudes required for academic success

**Criteria for Consideration**

- Grade 9-12 (maximum participants 45)
- Grade level or above in math (grade 9 Algebra)
- 2.5 overall GPA or above
- Recommendation from the school
- US Citizen or Permanent Resident

**The application deadline is Friday, September 21, 2018**

This program adheres to the nondiscrimination policy of the University of Pittsburgh.
The 2018 HPP program will begin October 10, 2018 and conclude April 10, 2019. Students will meet each Wednesday from 6:00 PM – 7:30 PM in various locations throughout the University of Pittsburgh main campus. The application deadline is Friday, September 21, 2018. Acceptance notices and additional information will be provided during the weeks of September 24 through October 5, 2018.

Application Instructions:

1. Complete application and release forms
2. Sign the recommendation release form and provide it to a science, math, or English teacher
3. Sign all forms
4. Recommendation letters are to be sent separately at the below address or emailed to diversityaffairs@medschool.pitt.edu.

The application deadline is Friday, September 21, 2018

Please send all material to:
Office of Diversity Programs
University of Pittsburgh School of Medicine
587 Scaife Hall
3550 Terrace Street
Pittsburgh PA 15261
Application Form 2018

Please type or print the information requested in the space provided. (Date __________________________)

Name ________________________________________________________________ (Last) (First) (Middle)

Date of Birth __________________________________________________________ MM/DD/YY

Address ______________________________________________________________

________________________________________________________________________

Student Information:

E-mail Address __________________________________________________________

Home Phone ___________________________ Cell Phone _________________________

Parent/Guardian Information: (Required)

Parent Name: ___________________________________________________________

E-mail Address __________________________________________________________

Home Phone ___________________________ Cell Phone _________________________
**Education Information:**

Name of School ____________________________________________________________

Status: Freshman______ Sophomore ____ Junior______ Senior______

Please list the titles and grades of your science and math courses.

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**Citizenship:**

Are you a U.S. citizen or a permanent resident? Citizen______ Permanent Resident______

How do you describe yourself? Please check all that apply (optional)

- African-American/Black______
- Caucasian______
- Hispanic/Latino______
- Native American______
- Other (Specify)______

*This demographic information is requested on a voluntary basis, will be kept confidential, and is intended to assist the University in providing data to demonstrate compliance with civil rights laws. Participation is optional. Refusal to complete this information will not be used to deny access or admission or otherwise affect consideration of your application.*

**Family Information:**

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Number of brothers and sisters______________________ Ages_____________________

Number of siblings in college______________________
Additional Information:

List extracurricular activities including volunteer work during the past three years (excluding jobs).

1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________

List any academic honors, prizes or scholarships you received in high school.

1. ______________________________________________________________
2. ______________________________________________________________

At the present, what is your career goal? ______________________________________________________________

How did you hear about HPP? ______________________________________________________________

One Page Essay (Required)

On a separate page, discuss your background in science, math and reading, and what you find interesting about these disciplines. Then, in a separate paragraph, explain why you are interested in HPP.

Recommendation

Give the name, title and school address of a teacher who you will ask to complete and submit a letter of recommendation.

Name ______________________________________________________________

Title ______________________________________________________________

Address ______________________________________________________________

I certify that the information in this application is true and correct.

_____________________________________________________________ Date

Applicant Signature

_____________________________________________________________ Date

Parent Signature


Health Professions Prep  
Applicant Evaluation Form 2018

Applicant’s Name__________________________________________________________

I waive access to this document under the Family Rights and Privacy Act (the Buckley Amendment).

Signature_________________________________________________________ Date________________

To the applicant:
After you have read and completed the information above, please give this form to a science, math, or English teacher who is familiar with your work.

To the evaluator:
The above named student is applying for the Health Professions Prep (HPP) which is an Academy for high school students that provides exposure to careers in the health sciences at the University of Pittsburgh. Your candid estimate of the applicant’s academic performance, potential for success and qualities as a person will help us in making selections for admission. Information provided on this form will be used solely for admission purposes and as such, is not subject for review by the student. Please complete this form as soon as possible and return it to the address above.

How long have you known the applicant?____________________________________

In what subject(s) have you taught the applicant?________________________________

In your judgment, does the applicant show strong interest in the health sciences? Please comment:
________________________________________________________________________
________________________________________________________________________

Please provide a brief appraisal of the applicant’s academic capability, motivation and personality. You may attach and additional letter.
________________________________________________________________________
________________________________________________________________________

Evaluator’s Name________________________________ Title________________________

School Address____________________________________________________________

E-mail____________________________________ Phone________________________

________________________________________________________________________

Teacher Signature________________________________ Date______________________