Professional Education Preparation Program (PEPP)  
June 1-14, 2013

The Professional Education Preparation Program (PEPP) offered by Kentucky College of Osteopathic Medicine (KYCOM) exists to remedy the significantly underserved medical needs of Kentucky’s rural areas by addressing the chronic underrepresentation of Kentucky residents in medical school admissions. The PEPP Program was established by the 1980 Kentucky General Assembly (KRS 162.028) for the purpose of increasing the number and proportion of students particularly from medically underserved areas of the commonwealth who apply to, are accepted by, and graduate from medical school. The PEPP program receives funds from the Kentucky Council on Postsecondary Education.

The KYCOM PEPP Scholars Program accepts Kentucky high school students. Given that applications exceed program capacity, students about to enter the 12th grade who meet program requirements are accepted first followed in order of consideration by students entering the 11th grade, 10th grade, and 9th grade. The KYCOM PEPP program annually enrolls approximately 40-50 high school students in a two-week summer residential program that offers participants a variety of educational experiences targeted to enhance their personal interest in a medical career, add to their understanding of the elements of a medical education, and expand their awareness of how medicine is practiced in a rural setting. Typically, PEPP Program activities include lectures, anatomical laboratory sessions, volunteer work in the local hospital, and participation in relevant social and cultural events.

To apply, please mail the following six items to the KYCOM PEPP Program at the address listed below. All application documents must be received no later than February 28, 2013.

1. PEPP scholars application. (Complete all sections.)
2. Personal statement (3 page maximum essay) that explains your interest in becoming a physician and in participating in the KYCOM PEPP Program.
3. Sealed letter of recommendation from a science or math teacher. The letter of recommendation must remain confidential and be sealed and signed by the teacher across 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.
4. Official high school transcript.
5. Copies of student’s ACT and/or SAT Scores (or PSAT scores). Unofficial copies from the student’s high school are acceptable.
6. Student photograph (required). (The application will be considered incomplete if a photograph is not provided.)

Please note that after acceptance into the KYCOM PEPP Program, students must provide proof of current health insurance coverage and immunizations. Additionally, accepted students must provide documentation of a TB skin test within the year and provide proof of chicken pox immunity.

Kentucky College of Osteopathic Medicine  
Ronnie Collins, Director  
147 Sycamore Street  
Pikeville, KY 41501
**PEPP Scholars Application 2013 Summer Program**

Name:_____________________________________________________________________________________________

First               Middle     Last                 Name You Wish to Be Called

Address:___________________________________________________________________________________________

Number & Street             Route    P.O. Box

City     State   ZIP   County of Residence

Social Security Number: __________-____-__________   Birth date: ____/____/____

Home phone: (_____) _____________   Cell phone: (_____) ______________

Sex: □ Male       □ Female

E-mail address: ____________________________________

Racial/ethnic self-description: □ African American    □ Caucasian    □ Hispanic    □ Asian    

□ Pacific Islander    □ Native American    □ Alaskan Native    □ Other

High school attending: ____________________________________   High school phone: (_____) ______________

High school graduation date: __________   GPA (on a 4.0 scale): __________

Class standing: __________   Class size: __________

What college do you plan to attend?: ______________________   When?: ______   Career interest: __________

In the fall (2013) you will be (check one): □ High School Senior    □ High School Junior

□ High School Sophomore    □ High School Freshman

List extracurricular, academic, sports/athletics, teams, clubs, volunteer activities, community service, music, hobbies, personal interests, and any church or school activities or projects in which you have participated. Please also list leadership activities, honors, and awards (attach a separate sheet if necessary):

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Have you participated in any other summer enrichment programs? If yes, title of program: ______________________

Have you taken any college courses for credit?: □ No       □ Yes

Name of college course(s) taken: ______________________   Final grade(s): ______________________

Are you employed?: □ No       □ Yes   Type of job: ______________________   Hours per week: __________

Your application must be received by February 28, 2013.
Have you ever been subjected to disciplinary action at school?:  □ No   □ Yes

Have you ever been required to leave school for disciplinary reasons?:  □ No   □ Yes

Have you ever been charged with or convicted of a misdemeanor or felony?:  □ No   □ Yes

If you answered yes to any of the above three questions, please explain (you may use an additional sheet of paper if necessary).

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Name of mother or female guardian: ____________________________________ Phone: (______) _____________

Mother’s address:

Number & Street _______________________________________________________
Route _________________________________________________________________
P.O. Box ______________________________________________________________

City __________________ State ________ ZIP ______ County of Residence ____________

Mother’s work phone: (______) ______________ Mother’s cell phone: (______) ______________

Mother’s occupation: ___________________________ Mother’s education level: ______________

Name of father or male guardian: ________________________________________ Phone: (______) _____________

Father’s address:

Number & Street _______________________________________________________
Route _________________________________________________________________
P.O. Box ______________________________________________________________

City __________________ State ________ ZIP ______ County of Residence ____________

Father’s work phone: (______) ______________ Father’s cell phone: (______) ______________

Father’s occupation: ___________________________ Father’s education level: ______________

Number of dependents/children in family: __________ Number of persons living at home: __________

Family income: _________________________________________________________

Please explain any special circumstances you would like to be known in considering you for the KYCOM PEPP Scholars Program (e.g., lengthy family illness, change in employment or income status, disabled parent, etc.):

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Please submit a personal statement (essay) that describes your interest in becoming a physician and why you are interested in attending the KYCOM PEPP Program. Your personal statement should not exceed three pages.

By my signature below, I hereby certify that the information provided on this application and in my personal statement (essay) is true and accurate to the best of my knowledge.

Student’s signature: _____________________________________________ Date: _________________________
Overview
The KYCOM PEPP Program is limited to students interested in becoming physicians. The PEPP Scholars Summer Program is primarily focused on academic preparation and clinical/hospital experiences. Additionally, students will experience college dormitory life and participate in a variety of activities at the medical school. Introductory medical electives, gross anatomy lab sessions, and hospital experiences are important components of this PEPP Program. PEPP presentations and activities are also offered in the evenings and on weekends.

Selection
The selection committee carefully reviews the written personal statement, letter of recommendation, application, transcripts, and standardized test scores when determining the selection of participants. We expect that applicants will be notified of their status by April 1. A limited number of alternates will also be selected and will be invited if space becomes available. Campus dormitory housing is provided. All participants are required to live in a campus residence hall and participate in all program activities that include occasional weekend and evening activities.

Please note that PEPP students are not allowed visitors during the PEPP Program and must remain with the program for the full duration of the program. There are no exceptions.

Participation in PEPP is free, with the following exception:

Pursuant to the requirements of the 1990 Kentucky General Assembly, students from families having a taxable income of $75,000 or more as reported on their parents’ most recent income tax returns could be required to pay $1,500 toward the cost of participating in the program.

*Requests for a fee waiver:* If the applicant’s family feels that payment of the $1,500 fee would present a financial hardship, a waiver of this fee may be requested. Requests for a fee waiver should be submitted on a separate page along with the PEPP application documents. Fee waiver requests will be kept confidential and should include an explanation of any circumstances you wish to present for consideration.

Important Parent/Guardian Information
The parent or guardian of the applicant must sign one of the following statements (sign only one):

1. I certify that the taxable income (after all deductions) of my family as reported on my most recent IRS income tax forms (calendar year 2012) does not exceed $75,000.

   Parent or guardian signature: ___________________________________________ Date: ___________________

2. I certify that the taxable income of my family (after all deductions) as reported on my most recent IRS income tax forms (calendar year 2012) exceeds $75,000, and I understand that the applicant will be required to pay $1,500 toward the cost of participating in the program. I also understand that I can submit a written request for a waiver of this $1,500 fee if this payment will present a financial hardship for my family.

   Parent or guardian signature: ___________________________________________ Date: ___________________

*Fee waiver requests will be considered.*

For more information, please contact:
Kentucky College of Osteopathic Medicine
Ronnie Collins, Director of Admissions
RonnieCollins@upike.edu
Phone: 606-218-5409  Fax: 606-218-5405