



# Kentucky College of Osteopathic Medicine

## Professional Education Preparation Program (PEPP)

*June 9th-14th, 2024*

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 KYCOM PEPP Scholars Program accepts high school students. Given that applications exceed program capacity, students about to enter the 12th grade who meet program requirements are accepted first, followed by students entering the 11th grade. The KYCOM PEPP program annually enrolls approximately 15-20 high school students in a one-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. The application documents due no later than **April 21, 2024**.*

1. PEPP scholar's 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 or unofficial 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  
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606-218-5288

***Application deadline- April 21, 2024.***

## PEPP Scholars Application 2024 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  
(If applicable, check more than one.) ) →Native American →Alaskan Native →Other  
→Pacific Islander

**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 (2024) 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):

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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: \_\_\_\_\_

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*).

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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.*):

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**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 28. 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, all meals and activities are included in the program. Any incidental monies can be provided by parent/guardian prior to start of the program.**

**Parent or guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For more information, please contact:  
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[Jenniferlockhart@upike.edu](mailto:Jenniferlockhart@upike.edu) 606-218-  
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