

# MEDPREP Program Application ~ 2025 Entry

MEDPREP program interest            pre-medical            pre-dental            pre-PA

## I. Name and Demographic Information

Legal Name

Preferred Name

Alternate name (any other name that may appear on school transcripts)

Birth Date

Birth place

City

State

Country

*Preferred Mailing Address:*

*Permanent Mailing Address (if different):*

Street

Street

City

ZIP

City

ZIP

email

Phone

Are you a citizen of the United States?

Yes

No

If No: Country of Citizenship

Immigration status in US:

Current or previous United States military service:

Yes

No

If Yes: Service Branch

Anticipated status at time of enrollment

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## II. Childhood information

A. Parent/Guardian 1

Name

Mother

Father

Guardian

Living?

Yes

No

Do not know

Occupation:

Highest level education completed:

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B. Parent/Guardian 2

Name

Mother

Father

Guardian

Living?

Yes

No

Do not know

Occupation:

Highest level education completed:

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C. Number of siblings

*(select how many brothers and sisters, not including yourself)*

D. Childhood home: Where you spent most of your time growing up until age 18.

City:

Country:

Do you believe that this area is medically underserved?

Yes

No

E. Languages – please list up to 3 languages used in your childhood home (up to age 18).

English language	_____	never	rarely	sometimes	often	always
Other language	_____	never	rarely	sometimes	often	always
Other language	_____	never	rarely	sometimes	often	always

**III. Financial Background**

A. Have you or members of your immediate family ever used federal or state assistance programs?

Yes No

B. What was the income level of your family during the majority of your life from birth to age 18?

Select Level

C. Did you have paid employment prior to age 18?

Yes No

D. Were you required to contribute to overall family income (as opposed to working primarily for your own discretionary spending money)?

Yes No

E. How many people lived in your primary household during the majority of your life from birth to age 18? (*include yourself in this number*)

Select Number

F. Did you receive a Pell Grant at any time while you were an undergraduate student?

Yes No

G. Did you receive a MAP grant at any time you were an undergraduate student? (IL Schools only)

Yes No Not Applicable (did not attend Illinois College/University)

H. How have you paid or did you pay for your college education? Estimate how much you used each funding source.

Academic scholarship	All/Most	A lot	A little	None
Financial Need-based scholarship	All/Most	A lot	A little	None
Student loan	All/Most	A lot	A little	None
Other loan	All/Most	A lot	A little	None
Family contribution	All/Most	A lot	A little	None
Applicant contribution	All/Most	A lot	A little	None
Employer contribution	All/Most	A lot	A little	None
Other	All/Most	A lot	A little	None

#### IV. Learned about MEDPREP

Please describe how you learned about the MEDPREP program:

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#### V. Misdemeanor and Felony

Applicants need **NOT** disclose any instance where they:

- were arrested but not charged;
- were arrested and charged, but the charges were dropped;
- were arrested and charged, but found not guilty by a judge or jury;
- were arrested and found guilty by a judge or jury, but the conviction was overturned on appeal; or
- received an executive pardon.

Responding “Yes” to these questions will not necessarily disqualify you for acceptance or admission. MEDPREP will consider the information in the context of the entire application.

- A. **Misdemeanor**: Have you ever been convicted of, or pleaded guilty or no contest to, a Misdemeanor crime, excluding 1) any offense for which you were adjudicated as a juvenile, 2) any convictions which have been expunged or sealed by a court, or 3) any misdemeanor convictions for which any probation has been completed and the case dismissed by the court?

Yes

No

If yes, please explain the circumstance(s) and date(s). (More space on p. 9 if needed)

- B. **Felony**: Have you ever been convicted of, or pleaded guilty or no contest to, a Felony crime, excluding 1) any offense for which you were adjudicated as a juvenile, 2) any convictions which have been expunged or sealed by a court?

Yes

No

If yes, please explain the circumstances, date(s) and sentence(s) imposed, and the type(s) of rehabilitation. (More space on p. 9 if needed)

**VI. School Information**

A. High School. If you attended multiple high schools, indicate the one from which you graduated.

School Name

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Approximate size of graduation class

B. Colleges. Please list post-secondary institution where you were enrolled for at least one course, even if credits have been transferred, no credits were earned, or you withdrew. This includes taking foreign coursework, a study abroad course, or any military coursework, as well as any college courses taken while in high school. List in chronological order (earliest school attended first).

School Name:

City: \_\_\_\_\_ State: \_\_\_\_\_ Country \_\_\_\_\_ Program type: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

School Name:

City: \_\_\_\_\_ State: \_\_\_\_\_ Country \_\_\_\_\_ Program type: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s): \_\_\_\_\_

School Name:

City: \_\_\_\_\_ State: \_\_\_\_\_ Country \_\_\_\_\_ Program type: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

School Name:

City: \_\_\_\_\_ State: \_\_\_\_\_ Country \_\_\_\_\_ Program type: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

If you attended more than 4 colleges/universities, check here and list additional schools in the **Additional Information** response box on page 9.

C. Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw?      Yes      No  
 If yes, choose the appropriate institutional action category:    Academic    Conduct    Both  
 If yes, please explain the date(s), circumstance(s), and resolution below.

D. Have you previously applied to, or are currently applying to, medical, dental, or PA school?  
 Yes    No    If yes, note application cycles (years): \_\_\_\_\_

**VII. Test Scores**

<b><u>ACT</u></b> Year	Score	<b><u>SAT</u></b> Year	Math	Verbal	Total
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**Prior/planned MCAT exams**

I have taken an official MCAT exam:    Yes    No    *If yes, please fill out the test information below:*

Most recent MCAT date	Phys Sci	CARS	Biol	Psych	Total
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Total number of MCATs completed at time this MEDPREP application:

I plan to take the MCAT prior to MEDPREP entry:    Yes    No (*Note: MCAT not required for MP admission*)

If yes, please enter anticipated date (mo/yr)

**Prior/planned DAT exams**

I have taken an official DAT exam:    Yes    No    *If yes, please fill out test information below:*

Most recent DAT date      (*Note: DAT is not required for MP admission*)

<i>Quant</i>	<i>P.A.</i>	<i>Read.</i>	<i>Biol.</i>	<i>G.Ch.</i>	<i>O.Ch.</i>	<i>Surv. N.S.</i>
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I plan to take the DAT prior to MEDPREP entry:    Yes    No      *Academic Average*

*If yes, please enter anticipated date (mo/yr)*

**Prior/planned GRE exams**

I have taken an official GRE exam:    Yes    No    *If yes, please fill out test information below:*

Most recent GRE date	VR	QR	AW
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I plan to take the GRE prior to MEDPREP entry:    Yes    No (*Note: GRE not required for MP admission*)

If yes, please enter anticipated date (mo/yr)

**VIII. Activities**

A. **Research/Professional Exploration.** Please enter up to 10 research or professional (medical, dental, etc.) related activities, such as shadowing, work as CNA, dental technician, pre-health clubs, etc. If you have done research, you should list it here also. Do not skip this page; it s an important part of your application. You can list up to 10 research and professional exploration activities.

Name/description

Dates

Total Hours

Name/description

Dates

Total Hours

Name/description

Dates

Total Hours

Name/description

Dates

Total Hours

Name/description

Dates

Total Hours

Name/description

Dates

Total Hours

Name/description

Dates

Total Hours

Name/description

Dates

Total Hours

Name/description

Dates

Total Hours

Name/description

Dates

Total Hours

***B. Please enter up to 10 work/community service/social justice activities.***

This is an important part of your application. Do not skip this page. List jobs, school clubs, and service to your community, such as volunteering at school, church, community centers, etc. You can list up to 10 activities.

<b><u>Name/description</u></b>	Dates	Total Hours
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<b><u>Name/description</u></b>	Dates	Total Hours
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<b><u>Name/description</u></b>	Dates	Total Hours
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<b><u>Name/description</u></b>	Dates	Total Hours
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<b><u>Name/description</u></b>	Dates	Total Hours
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<b><u>Name/description</u></b>	Dates	Total Hours
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<b><u>Name/description</u></b>	Dates	Total Hours
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<b><u>Name/description</u></b>	Dates	Total Hours
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<b><u>Name/description</u></b>	Dates	Total Hours
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<b><u>Name/description</u></b>	Dates	Total Hours
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### **VIII. Short Essays**

- A. **Career Interest.** Describe your interest in a medical/dental/PA career; in other words, how do you know you want to become a physician/dentist/physician assistant?

- B. Why do you want to enroll in the MEDPREP program?**



**C. (Optional) Other impactful experiences description.** Have you overcome challenges or obstacles in your life that you would like to describe in more detail? This could include lived experiences related to your family background, financial background, community setting, educational experiences, and/or other life circumstances.

**D. (Optional) Additional Information.** If there is anything else about you that this application form was not able to capture accurately? If so please use the space below to provide any additional information that you would like us to know.

**IX. Letters of Recommendation**

MEDPREP requires two letters of recommendation, but you may submit up to three. You should endeavor to have at least one letter from a science or research faculty member, if at all possible. Letters from college faculty members are preferred, but you may also use medical/dental professionals or work supervisors as recommenders.

***Recommender 1***

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Email \_\_\_\_\_ Phone number \_\_\_\_\_

***Recommender 2***

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Email \_\_\_\_\_ Phone number \_\_\_\_\_

***Recommender 3***

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Email \_\_\_\_\_ Phone number \_\_\_\_\_

**X. Certification Statement**

I certify that the information in this application and associated materials is current, complete, and accurate to the best of my knowledge. I understand that I am required to inform the admissions office of any substantive changes after the date of original application, including any changes in citizenship status, misdemeanor or felony convictions, new institutional actions, schools attended or MCAT or GRE test scores.

Printed Name:

Date:

REMINDER: Please send this application and all other required materials directly to the MEDPREP program via email at: *mpadmissions@siumed.edu*.

**DO NOT apply via the SIUC online application portal.**