Dear School Administration & Partners,

What is HPREP?

Health Professions Recruitment and Exposure Program "HPREP" is an outreach program designed to provide high school students with the opportunity to interact with medical students, faculty and health professionals. HPREP is sponsored by the UNC School of Medicine Chapter of the Student National Medical Association (SNMA).

Who are HPREP students?

High school students from across the Triangle and central NC area who are motivated and interested in medicine, allied health careers or science. HPREP is designed for members of minority ethnic groups, although others are welcome to apply.

What exactly happens at HPREP?

Students meet at Bondurant Hall located on the campus of UNC School of Medicine for a total of ten Saturdays, September 29, October 6, 13, 20 and 27 and January 26, February 2, 9, 16 and 23. The students will be participating in fun, interactive teaching of the human body organ systems and diseases, gross anatomy labs (have you ever held a real heart in your hands?!) and a discussion on the topic of the day. The last week of the program are dedicated to health care discussions and student presentations. Students will also have a health professional shadowing experience one Saturday morning. There will also be more structured opportunities to interact with medical professionals, medical students and UNC college students. Lunch will be provided each Saturday.

HPREP sounds like a great experience; how do students apply?

Complete the application and return to the:

HPREP-SNMA Application
506 Berryhill Hall
CB #7530
Chapel Hill, NC 27599
(919)-966-7673/7733

The application deadline is September 14, 2018. Only completed applications will be considered.

Sincerely,

Ricky Phillips
I. GENERAL INFORMATION

Student’s Last Name: ____________________________

Student’s First Name: ____________________________

Middle Name (Required): ____________________________

Student Current Address: ____________________________

City: _________ County: _________ Province: _________

Country: ______________ State: ____ Zip: ________

Student Phone: ____________________________

Student Email: ____________________________

Parent or Guardian Email: ____________________________

Race/Ethnicity: ____________ Description: ____________ Birth Date: ____________

Have You Attended this program in the Past? (Circle) Yes No If so What Year? ____________

Citizenship Status (Check appropriate box) USA ☐ US Resident/Non-Citizen ☐ Foreign Country ☐

Sex (Circle) Male Female

Career Interest(s) - Select the Health Career Choices Desired (Circle):
Medicine Dentistry Pharmacy Public Health Allied Health Nursing Other

Career Interest Other: ____________________________________________________________

Parent/Guardian Address: _________________________________________________________

City: ______________ County: _________ Province: _________ Country:
State: ______________ Zip: ______________

Parent or Guardian Home Phone: ____________

Parent or Guardian Cell Phone: ____________

Parent or Guardian Work Phone: ____________________________
Emergency Contact (Name): ________________________ Relationship: ________________________

Telephone Number: ________________________

Mode of Transportation: ________________________

Persons Authorized to Pick Up Student: _________________________________________

II. EDUCATION

Current School Status (9th – 12th grade): ______

Other: ________________________________________________

List below all high schools attended in the following order: (1) current school; (2) all other schools in chronological order.

1) Current School: _________________________________
   City: ____________________________________________
   Dates Attended: From: _____________ (Month/Year) to _______________(Month/Year)

2) School Attended: ________________________________
   City: ____________________________ State: ___________________________________
   Dates Attended: From: _____________ (Month/Year) to _______________(Month/Year)

3) School Attended: ________________________________
   City: ____________________________ State: __________________________________
   Dates Attended: From: _____________ (Month/Year) to _______________(Month/Year)

4) School Attended: ________________________________
   City: ____________________________ State: __________________________________
   Dates Attended: From: _____________ (Month/Year) to _______________(Month/Year)
List all courses and semester credit hours completed in the Biology, Chemistry and Physical/Math in the areas indicated below. Also list courses in progress this fall and denote these courses by putting a “P” beside them.

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<th>Course</th>
<th>Credit Hours</th>
<th>Grade*</th>
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List all Honors courses and semester credit hours completed in the Biology, Chemistry and Physical/Math in the areas indicated below. Also list courses in progress this spring and denote these courses by putting a "P" beside them.

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Please explain any grade discrepancies: ____________________________________________________________

Cumulative GPA: Science(biology, chemistry, physics, math):

Total GPA (Including sciences):

PSAT: Verbal: __________________ Math: ________ Writing: ________ Date: __________________
III. PERSONAL INFORMATION

I was recommended by:                                    Description:

List academic honors (including honorary societies), awards, special scholarships or other recognition you have received.

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List your extracurricular activities, interests and hobbies. Also list any summer programs that you have participated in and the location. You may wish to cluster activities year by year and indicate the extent of involvement or positions held.

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Would any of these activities prevent you from attending HPREP lectures and workshops on Saturday mornings?

Plans for post-secondary education (i.e., 2 or 4 yr college, military, other):

IV. ESSAY - APPLICANT ID:
Why do you have an interest in the health care professions (nursing, dentistry, medicine, etc.)?
Please limit your statement to between 500 - 1,000 words. (You can attach a word document to your paper application if needed)
APPLICATION DEADLINE: Friday, September 14, 2018 at 5:00pm

Applicants will be notified on September 21st regarding application decisions.

The HPREP Program will be held at UNC School of Medicine

Saturdays 9:00am-1:00pm (Tentative times, will confirm upon acceptance)
   Fall Dates: 9/29, 10/6, 10/13, 10/20, 10/27

   Spring Dates: 1/26, 2/2, 2/9, 2/16, 2/23

Please mail application to:
   UNC School of Medicine
   Attn: HPREP application
   505 Berryhill Hall, CB# 7530
   Chapel Hill, NC 27599

*Please submit a photo (headshot) of the student with the application.*

For questions and problems please email: ricky_phillips@med.unc.edu
Telephone: (919) 966-7673
Fax: (919) 966-7734
Website: http://www.med.unc.edu/snma/programs