What is the SI Bridges to the Baccalaureate?
The Southern Illinois Bridges to the Baccalaureate Program (SI Bridges) is a National Institutes of Health (NIH) program that provides services and opportunities for underserved community college students to complete the associate degree and transfer to SIU Carbondale to finish a baccalaureate degree. The training is in biomedical and behavioral science (BBS) research, and is not intended to support students interested in pursuing a professional degree in health sciences such as a Medical or Dental Degree. Participation in this program is completely voluntary and a participant may withdraw at any time without repercussions.

What are the benefits?
SI Bridges students will participate in a two-year program that offers:
- Paid professional training through seminars, innovative courses, and authentic research experiences.
- Strong multi-faceted mentoring, academic advising, tutoring and counseling.
- Professional development activities that include enhancement of communication and academic skills, success strategies, career planning, and exposure to biomedical and behavioral science disciplines.

Are you eligible?
You are eligible to apply if you meet the following qualifications:
- You are a US citizen or US permanent resident
- Meet one or more of the following eligibility criteria
  A. You are a first-generation college student because neither of your parents has a bachelor’s degree.
  B. You have a demonstrated financial need on the HHS income levels (based on FAFSA).
  C. You have a documented physical or mental disability.
  D. You are a member of an underrepresented minority group (African American, Hispanic/Latino, Native American/Alaska Native or Pacific Islander)
- Will transfer to preferably Southern Illinois University Carbondale (SIUC) or any 4-year university to complete the Baccalaureate.
- Are a full-time student (minimum of 12 hours) enrolled in a BBS degree program.
- Have completed one year of community college by the time of acceptance to SI Bridges.
- Have a minimum GPA of 2.7 at the college level.
- Have a career interest in biomedical or behavioral sciences.
- Are available to participate in all program activities for two complete years as follows.

Year 1- While at Community College
**Fa1**— Application and Selection of Scholars

**Sp1**— Connecting Life Course- 4 hrs per week
*Total Earned: $920 ($10 x 4 hrs/wk over 23 weeks)*

**Su1**— Summer Research Institute- 37.5 hrs per week
*Total Earned: $4500 ($10 x 37.5 hrs/wk over 12 weeks)*

Year 2- Transferred to SIUC
**Fa2**— Reasoning to Research & STEM Research
*Total Earned: $1950 ($10 x 13 hrs/wk 15 weeks)*

**Sp2**— STEM Research 10 hrs per week
*Total Earned: $1500 ($10 x 10 hrs/wk over 15 weeks)*

**Su2**— Summer Research Institute 37.5 hrs/week
*Total Earned: $3,750 ($10 x 37.5 hrs/wk over 10 weeks)*

What is the application process?
1. Submit completed application and required materials by the deadline.
2. Selection committee will review applicant information and make recommendations.
3. Interviews will be conducted with qualified applicants.
4. Selection of three cohorts will be completed in Fall 2019, 2021, and 2023.
Section 1: Personal Information

1. Name: ___________________________________________   Last Name   First Name   Middle Name

2. Home Address:
   Street
   City   State   Zip

3. Contact Information:
   Home
   Cell Phone
   Email

4. Date of Birth:   ___/___/______
   MM   DD   YYYY

5. I identify my gender as:
   □ Female   □ Male   □ Other ______
   □ Prefer not to answer

6. Citizenship Status:
   □ US Citizen   □ US Permanent Resident
   □ Other, please specify ________________________

7. Are you a first-generation college student (i.e. your parents did not graduate with a bachelor’s degree)?
   □ Yes   □ No

8. Ethnicity:
   □ Hispanic or Latino/a
   □ Not Hispanic or Latino/a

9. Race: (please check all that apply)
   □ Asian
   □ Black or African American
   □ Caucasian
   □ Native American
   □ Pacific Islander
   □ Other - Please specify: ________________________

10. Do you have a disability?
    □ Yes   □ No

   A. If yes, which of the following categories describe your disability(ies)?
      □ Hearing   □ Mobility   □ Visual
      □ Learning   □ Other: ________________________

11. If you are eligible for this program based on financial need, please answer the following and provide a copy of your FAFSA.

   Family Household size: ______________
   Family Annual Income: $ __________________

2019 HHS Federal Income Guidelines

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<tr>
<th>Family Size</th>
<th>Income</th>
<th>Family Size</th>
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<tr>
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<td>$12,490</td>
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<tr>
<td>4</td>
<td>$25,750</td>
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12. Awards: List awards, honors or special recognitions:
Section 2: Educational Background

13. Extracurricular Activities: List school related activities, volunteer experiences and/or employment. Indicate leadership positions held (if any):

14. High School Equivalence
☐ I cannot provide high school background information because I completed my GED on 
MM/YYYY

15. High School Information:
A. Name of High School:

B. High School Location:

C. GPA: ______________________

16. Community College Information:
A. Current Community College
☐ John A Logan
☐ Shawnee Community College

B. Current Major: ______________________

C. Current GPA: ______________________

D. Start Date at Current School: ___/_____
   MM/YYYY

   Projected graduation date: ___/_____
   MM/YYYY

17. What kind of degree are you currently pursuing?
☐ Associates in Arts (AA)
☐ Associates in Science (AS)

18. What is the total number of credits you have earned towards your degree?

19. Please tell us about any other college(s) previously attended:
   College: ______________________
   Major: ______________________
   # Credit Completed: ______________
   Start Date: ___/_____
   MM/YYYY
   End Date: ___/_____
   MM/YYYY

20. Do you plan to transfer to SIUC
☐ Yes ☐ No
   If no, where do you plan to transfer:

21. Please tell us about your transfer plans to
   Projected Transfer Date: ___/_____
   MM/YYYY
   Career Goals: ______________________
   ______________________
   ______________________
Section 3: Essay

Include a 2-3 page narrative describing the following:

a. Your family background and any personal or academic challenges you have faced.

b. Your academic preparation and interest in biomedical or behavioral science.

c. Your academic aspirations and plans after community college.

d. Your short and long term career goals.

e. What you hope to gain from your participation in the SI Bridges program.

ALL APPLICANTS MUST COMPLETE THIS SECTION (Please read carefully before signing)

This release form enables the Southern Illinois Bridges to the Baccalaureate Program at Southern Illinois University Carbondale, John A. Logan College, and Shawnee Community College to obtain copies of all academic and financial records, including transcripts, grade reports, financial aid eligibility, and other information pertaining to eligibility and participation in this Program. This information may be shared with other university personnel in accordance with federal regulations and university policy.

I understand that a copy of my application form will be kept at the Southern Illinois Bridges to the Baccalaureate Program office and that the resulting information received from counselors, admission and financial aid officers, instructors, etc. will be kept confidential in compliance with the Family Rights and Privacy Act. I hereby certify to the best of my knowledge that all information submitted is complete and accurate.

Once accepted into the program, I understand that the National Institute of Health (NIH) requires the SI Bridges program staff to track my academic progress at both the 2-year and 4-year institution and any post-baccalaureate enrollment and degree attainment. I give my permission for the program staff members to request this information from my current and future institutions for follow-up purposes, as well as permissions to request this information from a third party, like the National Student Clearing house after my enrollment in the program has ended.

Once accepted into the program, I grant permission for the SI Bridges Program to use my name, photographs, or likeness of myself in various print and online publications.

I hereby certify to the best of my knowledge that all information submitted is complete and accurate. I understand that failure to disclose information, or falsification of information, are grounds for not being accepted to the Southern Illinois Bridges to the Baccalaureate Program and, if accepted into the program, grounds for immediate termination.

Date __________________________ Signature __________________________

Date __________________________ Signature of Parent or Guardian __________________________

(To be signed by parent or guardian if applicant is under 18 years of age)

PLEASE RETURN THE FOLLOWING TO YOUR CAMPUS LIASON:

- THIS APPLICATION
- ESSAY
- HIGH SCHOOL AND COMMUNITY COLLEGE TRANSCRIPTS
- (2) RECOMMENDATION FORMS

Donna Ford, M.S.
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Telephone: 618-985-8463

Lori Armstrong, M.S.
Shawnee Community College
loria@shawneecc.edu
8364 Shawnee College Road, Ullin, IL 62992
Telephone: 618-634-3313
The person named above has applied to the SI Bridges to the Baccalaureate Program. This program represents partnership between SIU Carbondale and John A. Logan College and Shawnee Community College. We are comprehensive program funded by the National Institute of Health (NIH) that provides personalized training for students to complete the associate and baccalaureate degrees in biomedical and behavioral sciences. We wish to select bright and motivated students who will benefit from our program.

Thank you for taking the time to complete this form.

In what capacity have you known this applicant? ___________________________________________ How long? _____________

Please provide your honest appraisal of this student as to other students in your classes or area of study:

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<th>Good</th>
<th>Average</th>
<th>Below Average</th>
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Please comment on the applicant’s qualities that you feel are exceptional:

Please comment on the applicant’s qualities that you feel need improvement:

Printed Name __________________________ Signature __________________________ Date __________

Company or Institution __________________________ Title & Department __________________________

Phone (XXX-XXX-XXXX) __________________________ Email __________________________
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