



The William H. Miner Agricultural Research Institute

1034 Miner Farm Road, PO Box 90

Chazy, New York 12921

Phone: (518) 846-7121

Fax: (518) 846-8445

www.whminer.org

SUMMER EXPERIENCE PROGRAMS APPLICATION FORM

| I. Personal Information | | | | | | | | | |
|---|--|-------------------------------|------|---------------------------------|--|----------------|-------|-----|------|
| Last Name: | | | | First Name: | | | | | |
| Gender: | | <input type="checkbox"/> Male | | <input type="checkbox"/> Female | | Date of Birth: | Month | Day | Year |
| Marital Status: | | | | SSN: | | | | | |
| Current Mailing Address | | | | Permanent Address | | | | | |
| Address: | | | | Address: | | | | | |
| City: | | ST: | Zip: | City | | ST: | Zip: | | |
| Phone: | | | | Phone: | | | | | |
| Email Address: | | | | | | | | | |
| Please explain any health limitations that require accommodation: | | | | | | | | | |

| II. College Information | | | | | |
|---|---------|------------------------|---|---------------------|--|
| Academic Major: | | Area of Concentration: | | GPA: | |
| Number of credits completed at time of application: | | | Number of credits in progress at time of application: | | |
| Educational Background | | | | | |
| College | Address | | Number of Credits | Dates of Attendance | |
| 1. | | | | | |
| 2. | | | | | |

| III. Program Information | | |
|---|--|--|
| I am applying for (please check only one): | | |
| <input type="checkbox"/> Equine Management | <input type="checkbox"/> Farm Management | <input type="checkbox"/> Agricultural Research |
| I plan to attend Miner Institute during the summer semester of: | | |
| <input type="checkbox"/> 2010 | <input type="checkbox"/> 2011 | <input type="checkbox"/> 2012 |

| IV. Emergency Contacts | | |
|------------------------|---------|-------|
| Name | Address | Phone |
| 1. | | |
| 2. | | |
| 3. | | |

| V. Other Required Information |
|---|
| <input type="checkbox"/> Academic Transcript: Please enclose an unofficial copy of your college transcript. |
| <input type="checkbox"/> Letters of Recommendation: Two references, one of which must be from a college advisor or previous employer |
| <input type="checkbox"/> Statement of Intent: A letter outlining career goals, relevant experience, and reasons for application. |
| <input type="checkbox"/> Video: <i>Equine students only.</i> Short video of you riding (VHS, DVD, or MPG digital clip). |

| VI. Student Signature | |
|-----------------------|-------------|
| Signature: _____ | Date: _____ |

Mail completed form with all required information to the address on this form. See program brochure for specific contact person. Miner Institute provides equal employment opportunities.