



# The William H. Miner Agricultural Research Institute

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Chazy, New York 12921

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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	
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:		GPA:	
# of credits completed:	# of credits in progress at time of application:		Expected Graduation date:
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"/> 20__

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

V. Other Required Information - Application Due February 15
<input type="checkbox"/> <b>Academic Transcript:</b> Please enclose an unofficial copy of your college transcript.
<input type="checkbox"/> <b>Letters of Recommendation:</b> Two references, one of which must be from a college advisor or previous employer
<input type="checkbox"/> <b>Statement of Intent:</b> A letter outlining career goals, relevant experience, and reasons for application.
<input type="checkbox"/> <b>Video:</b> <i>Equine students only.</i> Short video of you riding (DVD, MPG digital clip, or link to on-line video 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.**