



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
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
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I plan to attend Miner Institute during the summer semester of: 20__

IV. Emergency Contacts

Name	Address	Phone
1.		
2.		
3.		

V. Other Required Information

- Academic Transcript:** Please enclose an unofficial copy of your college transcript.
- Letters of Recommendation:** Two references, one of which must be from a college advisor or previous employer
- Statement of Intent:** A letter outlining career goals, relevant experience, and reasons for application.
- Video:** *Equine students only.* 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.