

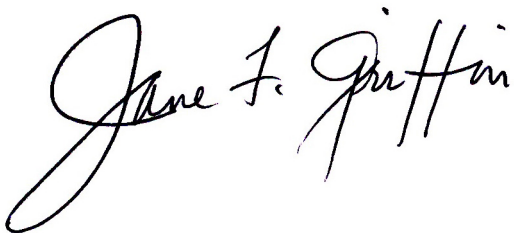
TO: Candidates for the Research Apprentice and  
Summer Training Program

FROM: Dr. Jane F. Griffin  
Summer Training Program Director

Thank you for your recent inquiry about participation in the **Research Apprentice and Summer Training Program of the Hauptman-Woodward Medical Research Institute**. Enclosed is an application form. Applications must be received by February 29<sup>th</sup>, **2012**.

Please send (address below) or attach a current official college transcript. We require both a letter of recommendation from one of your science Professors, and an interview. The responsibility of scheduling an interview is yours. If you plan to be in Buffalo during January or spring break, please telephone at least two weeks before to schedule the interview.

Our apprentice program is a real working experience. Our days are 8:30-4:30 and pay is dependent on year in school and previous experience. All applications will be reviewed by our scientific staff in the early spring. The number of apprentice appointments we will be able to make will be contingent on availability of funding and staff to design and supervise appropriate projects. Candidates who are chosen for participation in our program will be notified no later than the middle of April. If you have any questions, you may email me at [griffin@hwi.buffalo.edu](mailto:griffin@hwi.buffalo.edu) or phone me at 716-898-8618.



Jane F. Griffin, Ph.D.  
Hauptman-Woodward Institute  
700 Ellicott Street  
Buffalo, New York 14203

JFG:dh

Encl.



**REFERENCES:** LIST BELOW THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**COURSES:** Please list your college courses in math, science, and laboratories with the grade you obtained in each.\*

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**INTEREST:** Write a paragraph explaining why you would like to participate in the program.\*

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**HONORS:** Both in and out of School.\*

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**ACTIVITIES:** Briefly describe your participation in SCIENCE activities both in and out of school.\*

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Briefly describe your participation in NON-SCIENCE activities both in and out of school.\*

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**\*Attach additional sheets if needed.**

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_