



HIGH SCHOOL STUDENT APPLICATION

Dear Student,

Welcome to the PhageHunting Integrating Research and Education Program (PHIRE) of Dr. Graham F. Hatfull in the Department of Biological Sciences at the University of Pittsburgh. To participate in the independent research of Phagehunting, we ask that you complete this application. Send it, along with a copy of your transcript to Debbie Jacobs-Sera, Coordinator of the HHMI Phagehunting Program, at your earliest convenience. Most students are accepted at the beginning of the fall semester. E-mail Debbie to confirm that you have sent in the application. Upon receipt of all pieces (including the e-mail), your application will be reviewed and we will contact you.

The program, a project designed by Dr. Graham Hatfull at the University of Pittsburgh's Department of Biological Sciences and funded by a Howard Hughes Medical Institute Professorship Program, gives you the opportunity to do independent research. The research involves finding a novel bacteriophage, a virus that infects bacteria, and then characterizing it. The techniques employed to characterize your phage include microbiological techniques, electron microscopy, DNA electrophoresis, sequencing, and bioinformatic analysis.

As you consider this scientific research opportunity, know that space is limited. We are looking for students with a strong desire to try to do science. If you like to find answers to your abundant questions, this will be a satisfying experience. One of the key factors for consideration is identifying that you have the time to engage in this process. We ask that you identify 2 after school times each week to work in the lab. Be sure to include your availability in your application.

Deborah Jacobs-Sera

Coordinator, Howard Hughes Medical Institute Professorship Phagehunting Program

365 Crawford Hall, University of Pittsburgh, Pittsburgh, PA 15260

Phone: (412) 6248-3170 Fax: (412) 624-4870 email:djs@pitt.edu



Date: _____

HIGH SCHOOL STUDENT APPLICATION

Basic Info

Name: _____

Address: _____

Email: _____

Phone Number: _____

High School: _____

HS Biology Teacher: _____

Year in School: 9th 10th 11th 12th

Age: _____

Applying for consideration as

High School Researcher (Choose all that apply)

Fall Semester (Sept. through Dec.)

Spring Semester (Jan. through April)

Reference

Please provide an adult reference (not a relative).

Name: _____

Address: _____

Email: _____

Phone Number: _____

Optional: Are you a member of an underrepresented group of minority? Yes No

If yes: African American Asian/Pacific Islander Hispanic Native American



Other Info

Science Class(es)
Previously Taken: _____

Science Class(es)
Now In Progress: _____

Activities (Both
in/out of school): _____

Hobbies: _____

1. What did you like most about science classes?

2. What about science do you think you are good at?



Please respond to the following questions:

1. Why are you interested in joining the phagehunters?

2. What do you hope to accomplish as a phagehunter that you cannot do at your high school?

3. What are your career plans after high school?

4. When can you start?

5. What days and times will you most likely be available to work in the lab? (We ask that you spend at least 2 days per week in the lab.)

Please return **along with a copy of your transcript** to Deborah Jacobs-Sera by email or fax. Applications are due September 13, 2013.



RELEASE

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue made by me/us, _____, [print full name of parent] and _____, [print full name of parent] to the University of Pittsburgh - Of the Commonwealth System of Higher Education ("University") and to others.

It is my/our minor child's desire to participate in Phagehunting Program in the laboratory of Dr. Graham Hatfull. I/We fully recognize that there are dangers and risks to which _____ [minor's name] may be exposed by voluntarily participating in the Phagehunting Program. Examples of these dangers and risks are injuries or conditions including, without limitation, burns, lacerations, abrasions, contusions and fractures, potential exposure to biological and chemical agents, most notably *Mycobacterium smegmatis* mc²155, *Arthrobacter sp.*, other related BioSafety Level 1 organisms, and phenol, as well as other injuries or conditions, up to and including serious physical injury or impairment or loss of life. I/We appreciate the character of the risk taken and, on behalf of my/our child, voluntarily assume all risk of harm. I/We understand that the University does not require my/our child to participate in the Phagehunting Program, but I/we want him/her to do so, despite the possible dangers and risks and despite this Release.

I/We therefore agree to assume and take on myself/ourselves all of the risks and responsibilities in any way associated with participation in the Phagehunting Program. In consideration of and return for the opportunities, services, facilities, equipment or other things provided to me/us or my/our child by the University, I/WE HEREBY RELEASE THE UNIVERSITY DIRECTORS, TRUSTEES, OFFICERS, PARTNERS, PRINCIPALS, EMPLOYEES, STUDENTS AND AGENTS) (COLLECTIVELY THE "UNIVERSITY RELEASEES") FROM ANY AND ALL LIABILITY, CLAIMS AND ACTIONS THAT MAY ARISE FROM INJURY OR HARM TO MY/OUR CHILD, UP TO AND INCLUDING DEATH, AND FROM DAMAGE TO HIS/HER PROPERTY, IN CONNECTION WITH PARTICIPATION IN THE ACTIVITY. I/WE UNDERSTAND THAT THIS RELEASE COVERS LIABILITY, CLAIMS AND ACTIONS CAUSED ENTIRELY OR IN PART BY ANY ACTS OR FAILURES TO ACT OF THE UNIVERSITY RELEASEES, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, MISTAKE OR FAILURE TO SUPERVISE.

I/We have read this entire Release, I/we fully understand it and I/we agree to be legally bound by it.

Witness:

THIS IS A RELEASE OF YOUR RIGHTS.
READ CAREFULLY BEFORE SIGNING.

Releasor's Signature

Releasor's Signature

Date