

Phagehunting Program

High School Student Application

Dear Student,

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, Assistant Coordinator of the HHMI Phagehunting Program at your earliest convenience. Upon receipt of all pieces, your application will be reviewed and we will contact you.

The program, a project designed by Dr. Graham Hatfull (www.pitt.edu/~gfh) at the University of Pittsburgh's Department of Biological Sciences and funded by a Howard Hughes Medical Institute Professorship Grant, gives you the opportunity to do independent research at your pace. The research involves finding a novel bacteriophage, a virus that infects bacteria, and then characterizing it. The techniques employed to characterize your phage include electron microscopy; DNA and protein electrophoresis; cloning the DNA of your phage into E. coli; and sequencing, annotating, and analyzing the genome of your phage.

You will be paired with a University of Pittsburgh Undergraduate Mentor, who will work with you to establish when and how often you work in the lab. Please pay special attention to the question about when you anticipate working in the lab, because you are paired with a mentor, based on likely times you can work with us in the lab. The labs are available Monday through Friday, with particular availability after school. Weekend time is not available at this time.

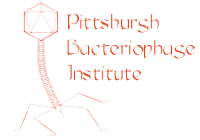
As you begin your participation with us, do not hesitate to contact me with questions or concerns. We look forward to your participation.

Deborah Jacobs-Sera

Assistant Coordinator, Howard Hughes Medical Institute Professorship Phagehunting Program

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



Phagehunting Program

Date _____

High School Student Application

Name: _____

Address: _____

Email: _____

Phone Number: _____

High School: _____

Year in School: _____

**Science Class(es)
Previously Taken:** _____

**Science Class(es)
Now In Progress:** _____

Hobbies: _____

Reference

Name: _____

Address: _____

Phone No: _____

Email: _____

I agree to participate in the Phagehunter program under the direction of Dr. Graham Hatfull.

Signature **Date**

I permit my child to participate in the Phagehunter program under the direction of Dr. Graham Hatfull.

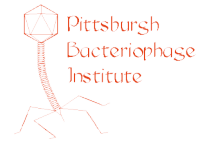
Parent or Guardian Signature **Date**

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



Phagehunting Program



Please respond to....

Why are you interested in joining the phagehunters?

When would you like to start?

What days and times will you most likely be available to work in the lab?

Optional:

Are you a member of an underrepresented group or minority? Yes ___ No ___

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

Please return **along with a copy of your transcripts** to Deborah Jacobs-Sera by email or fax.

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