



Campaign 2008 Presidential Academic Seminar Series

Academic Application

1333 16th Street, N.W.
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www.twc.edu
Fax: (202) 238 - 7700



Academic Application

SEMINAR(S) FOR WHICH YOU ARE APPLYING

- Inside Washington '08 Seminar (both weeks)
 - In Pursuit of the Presidency: Jan. 6-11, 2008 (week one only)
 - Politics in the Media: Jan. 13-18, 2008 (week two only)
- The Democratic National Convention Seminar: Aug. 17-29, 2008
- The Republican National Convention Seminar: Aug. 24-Sept. 5, 2008
- The Presidential Inauguration Seminar: Jan. 10-20, 2009

STATUS DURING PROGRAM

- Freshman Sophomore Junior
- Senior Graduate Other
- Faculty Fellow
(Faculty Fellows do not need to fill out academic information)

Housing

SEMINAR(S) FOR WHICH YOU REQUEST WASHINGTON CENTER HOUSING

- Inside Washington '08 Seminar (housing included)
 - Both weeks
 - Week 1
 - Week 2
- Democratic National Convention Seminar
- Republican National Convention Seminar
- Presidential Inauguration Seminar

Financial Information

In conjunction with the program costs, there is a non-refundable application fee of \$60 (This fee is waived if you have attended a previous Washington Center program within the past twelve months or if you have a student nomination form on file).

Are you being nominated for the seminar(s) for which you are applying?
 Yes No

Please list the name of the institution or organization that has nominated you.

WHO WILL BE PAYING FOR THIS SEMINAR?

- School Student Parents
- Other

Personal Information

LAST NAME _____

FIRST NAME _____

COLLEGE OR UNIVERSITY _____

MAJOR _____

GPA _____

Expected Date of Graduation

_____|_____|_____
Month Year

CURRENT ADDRESS

STREET _____

CITY _____

STATE _____

POSTAL CODE _____

COUNTRY _____

PERMANENT ADDRESS

STREET _____

CITY _____

STATE _____

POSTAL CODE _____

COUNTRY _____

OTHER CONTACT INFORMATION

CURRENT PHONE _____

area code

number

CELL PHONE _____

area code

number

PERMANENT HOME PHONE _____

area code

number

PRIMARY E-MAIL(S) _____

OTHER E-MAIL _____

EMERGENCY CONTACT

NAME _____

RELATIONSHIP _____

HOME PHONE _____

area code

number

WORK PHONE _____

CELL PHONE _____

EMAIL _____

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Financial Information

FOR CAMPUS BILLING

If your school is paying all or part of the program costs, please indicate the amount to be charged to the school: _____

Billing Name and Address for Campus Representative responsible for program fees:

CAMPUS LIAISON OR FACULTY SPONSOR

This section must be signed by a Washington Center campus liaison, honors director or dean, or faculty sponsor.

I have reviewed this application and endorse this student's candidacy for the above selected seminar(s). I recognize that I am serving as campus liaison or faculty advisor for the duration of the seminar, and I will receive all evaluations for the student. If the school is responsible for any portion of the payment, the information in the financial information section is correct.

NAME _____

TITLE _____

COLLEGE OR UNIVERSITY _____

DEPARTMENT _____

MAILING ADDRESS

STREET _____

CITY _____ STATE _____

POSTAL CODE _____

EMAIL _____

PHONE _____
area code number

FAX _____
area code number

Signature of Campus Liaison or Faculty Advisor

Date:

FOR NON-CAMPUS BILLING

VISA MC AmEx Disc

AMOUNT TO BE CHARGED _____

CREDIT CARD NUMBER _____

NAME ON CARD _____

SIGNATURE _____

Applicant Agreement

- All information entered is complete and accurate
- I have read and understand the cancellation and refund policy
- I agree to abide by The Washington Center Code of Student Conduct, including housing policies set by management of Washington Center housing facilities.

Signature:

Date:

Print Name:
