

LUTHERAN COLLEGE WASHINGTON CONSORTIUM

APPLICATION FOR ADMISSION

Application for (semester / year): _____

PERSONAL DATA

Name: _____ Sex: **M** **F**
(Last) (First) (Middle)

Permanent Home Address: _____
(Number and Street)

City: _____ State: _____ Zip: _____ Phone: _____
Area code & number

Date of Birth: ____ / ____ / ____ Place of Birth _____ SSN ____ - ____ - ____

Person(s) to notify in case of emergency: _____ Phone: _____
Area code & number

Address: _____
(Number and Street) (City) (State) (Zip)

ACADEMIC INFORMATION

Your school: _____ Graduation: _____
(Expected Term & Yr)

School Mailing Address: _____
(Box # or Street) (City) (State) (Zip)

College Phone #: _____ E-mail Address: _____

Major(s): _____ Minor(s): _____

Year in College: _____ Cumulative G.P.A.: _____ Major G.P.A.: _____

PERSONAL STATEMENT

In the space below, type or print an explanation of why you wish to study in Washington, D.C. Please be as specific as you can about your motivation and desire to participate in the program as a means to enhance your future opportunities.

In the space below, please describe the types of internships in which you would be interested.

I hereby apply for admission to my college's Semester in Washington. If admitted by my college, I agree to abide by its regulations and the regulations of the Lutheran College Washington Consortium.

Applicant's Signature: _____ Date: _____

Signature, Semester in Washington Campus Representative : _____

Deposit of \$250 must be received to complete application process and initiate your internship placement. Make check payable to: **LCWC** and mail to: Lutheran College Washington Consortium, 1025 Arlington Blvd., Arlington, VA 22209.

Your application should include a resume, letter of recommendation, 3 - 5 page writing sample (related to your major or internship interest), and a current transcript.