



# Lutheran College Washington Semester

<b>LCWS Staff Use Only</b>
App. Received: ___/___/___
Deposit:
- Check # _____
- CC Inv. Sent ___/___/___
CC Inv. Paid ___/___/___
Accepted: ___/___/___

## 2021 SUMMER RESIDENTIAL PROGRAM – HOUSING APPLICATION

Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
(First) (Middle) (Last)

Your School: \_\_\_\_\_ Graduation: \_\_\_\_\_  
(Expected Semester & Year, Please Indicate if in Graduate School)

Summer Plans: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
(Number and Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person(s) to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

**What is your preferred move in weekend?:**

- May 8-9**
- May 15-16**
- May 22-23**
- May 29-30**
- June 5-6**

**What is your preferred move out weekend?:**

- July 17-18**
- July 24-25**
- July 31-August 1**
- August 7-8**
- August 14-15**

Total stay: \_\_\_\_\_ weeks (10 week minimum, 14 week maximum) Are you an LCWS alum? If yes, what semester? \_\_\_\_\_

Would you like a single (\$300/week) or double (\$250/week) room? \_\_\_\_\_

Roommate Request (roommates must *mutually* request each other): \_\_\_\_\_

I hereby apply for housing in the Lutheran College Washington Semester’s Summer Residential Housing Program. If admitted, I agree to pay rent as designated by my room preference and length of stay, plus a \$300.00 refundable Application and Damage Deposit. I also agree to abide by my college’s regulations and the regulations of the Lutheran College Washington Semester. I understand that, once accepted, if I decide not to attend, my deposit will be forfeited.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Application and Damage Deposit of \$300.00 must be received to complete the application process. Checks should be made payable to *Lutheran College Washington Consortium*, and should be mailed to: 1025 Arlington Boulevard, Arlington, VA 22209

To submit your application electronically, or to pay your deposit by credit card, please email: [outreach@washingtonsemester.org](mailto:outreach@washingtonsemester.org).