



Lutheran College Washington Semester

Faculty Research Summer Assistance Program Application

Application Deadline: March 15

Notification By: April 1

Faculty Name: _____

LCWS College/University: _____

Faculty Rank & Department: _____

Campus Address: _____

Home Address: _____

Office Phone: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Requested Dates of Stay (Available Dates: May 15 – August 15)*:

**Please Note: Minimum two week stay required; maximum four week stay.*

Nature of Research: On an additional page, please indicate your research interests, and what you hope to accomplish during your time in Washington, D.C.

Additional Information:

All LCWS apartments are fully furnished with Internet, wifi, and utilities. Faculty must bring their own linens: sheets (twin beds), towels, pillows, blankets, and kitchen linens. There is a non-refundable \$200 cleaning fee, which is due prior to arrival.

No children under the age of 18 are allowed in the LCWS apartments. To use the swimming pool and gym facilities, there is a \$50 building charge. All occupants must sign an LCWS liability waiver form.

Campus Representative Signature: _____

This form must be signed by your institution's LCWS Campus Representative.

PLEASE NOTE: Space is very limited. First come, first served.

Please submit your completed application form to:

Dr. Edward Hasecke, Dean & Executive Director

Lutheran College Washington Semester

1025 Arlington Boulevard

Arlington, VA 22209

ehasecke@washingtontsemester.org

Office: (703) 525-5292 | Fax: (703) 525-2442