

THE CRUISE INDUSTRY CHARITABLE FOUNDATION

In cooperation with

THE WASHINGTON WORKSHOPS FOUNDATION

Presents

Democracy in Action: A Congressional Seminar



Enrollment Form

Admission Policy

1. The student should possess credible academic standing, an interest in the Seminar issues, and high standards of personal character and integrity.
2. This application must bear the endorsement of a teacher or counselor signifying the applicant's genuine interest in learning and serious desire to participate in the educational format of the Seminar.
3. The Washington Workshops Foundation and The Cruise Industry Charitable Foundation do not discriminate with regard to race, color, religion, sex, national, and ethnic origin.

(Please type or print)

Name _____ Age _____ M F

Birth Date _____ Social Security No. _____ E-Mail _____
(necessary for security entry to some locations)

Home Address _____

City _____ State _____ Zip _____ - _____

Home Telephone No. _____ Cell Phone No. _____

Parents' Names _____ Office No. _____

Present Year in School Fresh. Soph. Jr. Sen. Approximate School Grade Average _____

School Name _____

School Address _____

City _____ State _____ Zip _____ - _____

Name and Department of high school teacher closest to your seminar subject:

Name _____ Department _____

Your Member of Congress (U.S. House of Representatives) _____

Student Checklist

Travel confirmed _____

Medical form _____

Roommate Request _____

Attach photo here
(optional)

The remainder of the enrollment form is on the reverse side.

▶ **Parent/Guardian:**

I (We) the undersigned represent that I (We) are the parent(s) of and hereby agree that said child/ward may participate in this Washington Workshops Seminar.

Parent/Guardian Signature _____ Office Telephone No. _____

Cell Phone No. _____

▶ **Student:**

I have read this application and seminar brochure and agree to abide by the rules and regulations of the Washington Workshops while I am in attendance at said program.

Student Signature _____ Cell Phone No. _____

▶ **Social Studies Teacher or Guidance Counselor:** (Optional) In signing this application, the teacher or guidance counselor is asked to consider the applicant as a person of good character and sufficient maturity and ability to participate in The Washington Workshops study program.

Social Studies Teacher or Guidance Counselor Signature _____

Please mail completed application to:

The Washington Workshops Foundation
3222 N St. N.W, Suite 340
Washington, D.C. 20007-2849