

APPLICANTS' INFORMATION

Name of facilitator: _____ PSWP TC year _____

Social Security #(required)* _____

Address _____

City _____ State _____ Zip _____

Work phone _____ Home phone _____

E-mail Address _____

School _____

Subject/Grade Level _____ District _____

Group members:

Name	School	subject-grade	e-mail address	PSWP alumni yes/no: year?

*for purposes of receiving your groups' stipend.

If you have questions, please contact Janine Brodine, Director, at jbrodine@u.washington.edu or (206)543-0141.