

FHL Whiteley Center Application

INSTRUCTIONS

Interested in staying at the Helen Riaboff Whiteley Center (HRWC) at Friday Harbor Labs? Fill out this application in full and be sure to click on "Submit" on the last page. Note that you cannot save a partially filled application and go back to it later.

For longer write-in fields like the Project Description, we suggest you draft the answers in a word processing document, then copy and paste from that into the application.

Summer applications (requests including any dates between June 1 and August 31) are due February 1st, and will be reviewed by March 1st.

APPLICANT CONTACT INFORMATION

Name *

First

Last

Professional Title, Position or Occupation *

Are you applying as an Individual or as a Group? (Please See Description)

☒ Individual

☐ Group

UW Faculty or Staff? *

☐ Yes

☐ No

Are you currently affiliated with an academic or other institution? *

☐ Yes

☐ No

Name of Institution

Department or Discipline

Email *

Cell Phone *

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Mailing Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Will this be your first stay at the Whiteley Center? *

- ☐ Yes
- ☐ No

GROUP DETAILS

Group Size *

List Participants in Group

Explain how each individual will contribute to the project.

PREVIOUS HRWC STAY

Length of Previous Stay? Exp: 3 days, 1 Week, or 1 Month

As specifically as possible, please describe the accomplishments or products of your previous stay.

Past HRWC Accomplishments

Briefly list citations of works done in whole or part at the HRWC: works that have been submitted, are in press, or have been published since your previous visit.

Citations

Attach works cited above as a pdf (optional)

Choose File

No file chosen

PROJECT INFORMATION

Describe the project(s) you will pursue at the HRWC. Include the background and goal of the project(s) as well as what you aim to produce by the end of your stay.

Short Title of Project *

Maximum of 150 characters. *Currently Used: 0 characters.*

Proposal Description *

Enter 100 to 250 words. *Currently Used: 0 words.*

CURRICULUM VITAE

Please attach your CV (2-page limit.) - If you are applying as a group please attach a CV for each participant. *

Choose File

No file chosen

REFERENCE

A Reference should be chosen for their ability to speak to the significance of the work in the discipline.

Reference Name *






First

Last

Reference Title or Occupation ***Institution *****Reference Email ***

DATES REQUESTED

If applying for summer (June-Aug: application deadline February 1) please provide three choices.

Requested Date of Arrival: * / / 
MM DD YYYY**Requested Date of Departure: *** / / 
MM DD YYYY**2nd Arrival Date:** / / 
MM DD YYYY**2nd Departure Date:** / / 
MM DD YYYY**3rd Arrival Date:** / / 
MM DD YYYY**3rd Departure Date:** / / 
MM DD YYYY

HOUSING REQUESTED

If you are planning to bring family members, please provide those details here. CHILDREN UNDER 18 YEARS OF AGE ARE NOT ALLOWED IN WHITELEY COTTAGES OR THE WHITELEY CENTER. However, we may be able to accommodate you with children in another housing unit on the FHL campus, especially if you are visiting at a time other than summer.

Also let us know here if you will be bringing a service animal. Refer to information on our website about the [FHL Policy on Dogs & Other Pets](#).

Housing Request Details

PAYMENT INFORMATION

How do you plan to pay? *

- ☒ Card/Check/Cash
- ☐ UW Budget
- ☐ Send invoice

BILLING ADDRESS FOR INVOICE

Billing Institution

Billing Department

Billing Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

UW BUDGET INFORMATION

**Our form is not yet ready to accept the new UW budget identifiers implemented on 7/1/23. Please email Morgan Johnston (hrwctr@uw.edu) to provide her with that information. If unsure, contact your unit administrator. FHL has no way of identifying budgets based on their former 6-digit numbers.

UW Budget CC, RS, & WorkTag

PCA Codes (optional)**Associated UW Department *****Associated UW Box Number ***

Enter 6 characters. Currently Used: 0 characters.

SUBMISSION

By submitting this form, I certify that the above information is complete and accurate. I acknowledge that failure to disclose complete and accurate information may result in denial of my application or dismissal from the HRWC. I acknowledge that physical injury and death are risks inherent in the use of these facilities, and assume all associated risks and I agree not to claim against the University for those risks. I agree to hold the University of Washington harmless from any and all injuries, damages and liabilities that may occur in the course of my visit, except for negligent acts or omissions of the University or its employees, students or agents acting in the scope of their duties.

The University of Washington reaffirms its policy of equal opportunity in education regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran in accordance with University policy and applicable federal and state statutes and regulations.

*

☐ I agree