

**FOR ADMISSIONS OFFICE USE ONLY:**

RD \_\_\_ / \_\_\_ / \_\_\_ ED \_\_\_ / \_\_\_ / \_\_\_  
AMT \_\_\_ DATE \_\_\_ SPR \_\_\_  
PM \_\_\_ CK \_\_\_ RD \_\_\_



**COLLEGIATE WORLD SERIES**  
NATIONAL HISPANIC INSTITUTE

**2019 Application**

(\*Required Fields)

**PLEASE INCLUDE WITH YOUR APPLICATION:**

\$20 APPLICATION FEE (non-refundable)  
(Payable to the National Hispanic Institute)  
MOST RECENT GRADE REPORT

**Section 1: Participant Information (PLEASE PRINT)**

\*Full name \_\_\_\_\_

\*Address: \_\_\_\_\_  
\*Street Name \*City \*State \*Zip Code \*Country

\*E-mail: \_\_\_\_\_

\*Home number: \_\_\_\_\_ \*Mobile phone: \_\_\_\_\_

\*Date of birth: \_\_\_\_\_ \*Gender: Male  Female   
Month/Day/Year

**Section 2: Program Information**

**Program Sites for the 2019 CWS**

*\*(Please list your preference in order or priority from 1-3)*

INTERNATIONAL CWS  
June 12-16, 2019  
University of South Florida  
Tampa, FL

NORTHEAST CWS  
July 17-21, 2019  
Elizabethtown College  
Elizabethtown, PA (Harrisburg)

TEXAS CWS  
July 10-14, 2019  
University of North Texas  
Denton, TX (Dallas/Ft. Worth)

**Section 3: School Information**

\*School: \_\_\_\_\_ \*GPA: \_\_\_\_\_ \*Graduation Year: \_\_\_\_\_

\*School District: \_\_\_\_\_

\*School Counselor Name: \_\_\_\_\_

\*School Counselor E-mail: \_\_\_\_\_

\*Principal's name: \_\_\_\_\_

\*Principal's E-mail: \_\_\_\_\_

## Section 4: Parent/Guardian Information

**Primary Contact:** \*(Relationship Mother/Father/Uncle/Aunt/Guardian/Other \_\_\_\_\_)

\*Full Name: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

\*Work Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Mobile phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

**Secondary Contact:** \*(Relationship Mother/Father/Uncle/Aunt/Guardian/Other \_\_\_\_\_)

\*Full name: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

\*Work Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ \*Mobile phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

As the authorizing parent / guardian, I certify that the information contained in this application is true and correct. I understand that NHI programs are fully supervised and that the cost of the program DOES NOT INCLUDE transportation to and from the campus; unless this is explicitly communicated. I also understand that all charges, payments, and tuition are NOT REFUNDABLE OR TRANSFERRABLE if the applicant cannot attend.

**I acknowledge that in case I cannot attend the program, the \$20 application fee and the \$150 deposit are NOT REFUNDABLE.** \_\_\_\_\_ (initials)

\*Name of parent/guardian authorizing: \_\_\_\_\_

\*Signature of parent/guardian authorizing: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 6: Nomination (if applicable)

If you were nominated by an NHI alumnus/a, please fill out the following section.  
(Candidates for "summer staff" should fill out this section before distributing it)

Name: \_\_\_\_\_ Site and date of the program attended: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Section 7: Documents

- Completed application with signature
- \$20 USD application fee (can be cash, check or money order)
- Most recent report card

**FOR QUESTIONS OR MORE INFORMATION, PLEASE CONTACT:**

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