

RD ___ / ___ / ___ ED ___ / ___ / ___
AMT ___ DATE ___ SPR ___
PM ___ CK ___ RD ___



NATIONAL HISPANIC INSTITUTE

2017 4-Day Texas Great Debate Application

Section 1: Participant Information (PLEASE PRINT)

Name:

First M.I. Last

Address:

Street City State Zip Country

EMAIL: _____

@gmail.com @yahoo.com @hotmail.com @_____

Home Number (____) _____ - _____ Cell Number (____) _____ - _____

Date of Birth ___ / ___ / _____ Gender: Male Female

T-shirt Size: Small Medium Large X-Large

Section 2: Program Information

TEXAS GREAT DEBATE SITES

TEXAS GREAT DEBATE

AUSTIN COLLEGE
SHERMAN, TEXAS
JUNE 2017, DATES TBD

TEXAS AMBASSADOR GREAT DEBATE

UNIVERSITY OF TEXAS AT AUSTIN
AUSTIN, TEXAS
JULY 2017, DATES TBD

Section 3: High School Information

High School: _____ Graduation Year _____

Counselor Name: _____

Counselor Email: _____
_____ @ _____

Section 4: Parent Information

Primary Contact: (Relationship Mother/Father/Legal Guardian/Other _____)

First M.I. Last

EMAIL: _____

@gmail.com @yahoo.com @hotmail.com @_____

Home Number (____)____ - _____ Cell Number (____)____ - _____

Employer:_____ Occupation:_____

Secondary Contact: (Relationship Mother/Father/Legal Guardian/Other _____)

First M.I. Last

EMAIL: _____

@gmail.com @yahoo.com @hotmail.com @_____

Home Number (____)____ - _____ Cell Number (____)____ - _____

Employer:_____ Occupation:_____

Section 5: Authorization

I, as the authorized parent/guardian certify that the information contained in this application is true and correct. I understand that NHI Programs are fully supervised programs of the National Hispanic Institute and that the program cost **DOES NOT include** transportation to and from the host university, unless otherwise stated. I further understand that all program fees, payments and tuition are NOT refundable or transferable should the applicant be unable to attend.

Como el padre/ guardián autorizado certifico que la información contenida en esta aplicación es verdadera y correcta. Entiendo que los programas de NHI están completamente supervisados, y que el costo del programa NO INCLUYE la transportación a y de regreso del campus; sin que esto sea explícitamente comunicado. También entiendo que todos los cargos, pagos, y colegiatura NO ES REEMBOLSABLE O TRANSFERIBLE si el solicitante no puede asistir.

Authorizing Parent or Legal Guardian Name:

First M.I. Last

Authorizing Parent or Legal Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Section 6: Nomination (If Applicable)

If you were nominated by an NHI high school alumna/us, fill out the section below.

(JFL, Head Coach and Junior Counselor candidates should fill this section out prior to distributing application)

Name: _____ Program Site/ Year: _____

EMAIL: _____

@gmail.com @yahoo.com @hotmail.com @_____

FOR QUESTIONS AND MORE INFORMATION, PLEASE CONTACT:

Mailing Address
National Hispanic Institute
P.O. Box 220
Maxwell, TX 78656 USA
512-357-6137 / 512-357-2206 (Fax)

Shipping Address (FedEx/UPS/DHL)
National Hispanic Institute
472 FM 1966
Maxwell, TX 78656 USA
512-357-6137 / 512-357-2206 (Fax)