

FOR NHI ADMISSIONS OFFICE USE ONLY

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



WITH YOUR APPLICATION PLEASE INCLUDE:

\$20 APPLICATION FEE
(Payable to National Hispanic Institute)
NON – REFUNDABLE

MOST RECENT REPORT CARD

2017 Lorenzo De Zavala Youth Legislative Session FALL/WINTER 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

(Please number your choices 1-3)

LORENZO DE ZAVALA YOUTH LEGISLATIVE SESSION SITE SUMMER 2017

- | | | | |
|---|---|--|---|
| CALIFORNIA LDZ <input type="checkbox"/>
University of San Diego
San Diego, California | LDZ LAS AMERICAS <input type="checkbox"/>
Ciudad del Saber
Panama City, Panama | NEW YORK LDZ <input type="checkbox"/>
University of Rochester
Rochester, New York | TEXAS LDZ <input type="checkbox"/>
Texas Lutheran University
Seguin, Texas (North of
San Antonio, South of
Austin) |
| COLORADO LDZ <input type="checkbox"/>
Colorado State University
Fort Collins, Colorado | NATIONAL LDZ <input type="checkbox"/>
Elmhurst College
Elmhurst, Illinois | MEXICO LDZ <input type="checkbox"/>
Universidad de Monterrey
Monterrey, Mexico | |

*Dates and sites are subject to changes based on host university availability.

Section 3: High School Information

High School: _____ GPA _____ Graduation Year _____

Counselor Name: _____

Counselor Email: _____
_____@_____

Principal Name: _____

Principal 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.

I acknowledge that in case of a cancelation or withdraw from the program the \$20 application fee and \$150 deposit are NON REFUNDABLE.
_____(initial)

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.

Reconozco que en caso de cancelación del programa la cuota de aplicación de \$20 y el depósito de \$150 NO SON REMBOLSABLES.
_____(iniciales)

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

Mailing Address

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

CONTACT:

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Zachary Gonzalez - Northern CA, Denver Metro, New Mexico, Southeast US - zgonzalez@nhimail.com

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Maxwell, TX 78656 USA
512-357-6137 / 512-357-2206 (Fax)