

FOR ADMISSIONS OFFICE USE ONLY:

RD ____ / ____ / ____ ED ____ / ____ / ____

AMT ____ DATE ____ SPR ____

PM ____ CK ____ RD ____



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: _____
Month/Day/Year

*Gender: Male Female

Section 2: Program Information

Program Sites for the 2019 Great Debate

SIX- DAY GREAT DEBATE

TEXAS STAR GREAT DEBATE
Schreiner University
Kerrville, TX (San Antonio Area)

MIDWEST GREAT DEBATE
Augustana College
Rock Island, Illinois (Quad Cities)

NORTHEAST GREAT DEBATE
Philadelphia, PA Area

FOUR-DAY GREAT DEBATE

(PROGRAM SITE WILL BE SELECTED BY LOCAL REGION & PROJECT ADMINISTRATOR)

TEXAS GREAT DEBATE
Austin College
Sherman, Texas (North Texas)

TEXAS AMBASSADOR GREAT DEBATE
University of Texas at Austin
Austin, Texas

***SELECT REGION [IF APPLYING FOR FOUR DAY GD]: (Circle One)**

Austin

El Paso

San Antonio

Baytown

Houston

Tip of Texas (Brownsville)

Corpus Christi

Laredo

Fort Worth

Dallas

RGV

Section 3: School Information

*School: _____ *GPA: _____ *Graduation Year: _____

*School District: _____

*School Counselor Name: _____

(Continued)

*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

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

FOR QUESTIONS OR MORE INFORMATION, PLEASE CONTACT:

Julio Cotto
jcotto@nhimail.com

www.nationalhispanicinstitute.org

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