

FOR ADMISSIONS OFFICE USE ONLY:

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



PLEASE INCLUDE WITH YOUR APPLICATION:

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

2019 Application

(*Required Fields)

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 LDZ

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

CALIFORNIA LDZ
University of San Diego
San Diego, California

LAS AMERICAS LDZ
Ciudad del Saber
Panama City, Panama

NEW YORK LDZ
University of Rochester
Rochester, New York

COLORADO LDZ
Colorado State University
Fort Collins, Colorado

NATIONAL LDZ
University of St. Francis
Joliet, Illinois (Chicagoland)

TEXAS LDZ
St. Mary's University
San Antonio, Texas

Section 3: School Information

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

*School District: _____

*School Counselor Name: _____

*School Counselor E-mail: _____

*Principal's name: _____

*Principal's E-mail: _____

(Continued)

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)
 OR QUESTIONS OR MORE INFORMATION, PLEASE CONTACT: Most recent report card

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