

FOR ADMISSIONS OFFICE USE ONLY

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



APPLICATION REQUIREMENTS

- \$20 application fee (non-refundable) (Payable to NHI)
- Report card (most recent)

2020 CWS Application

[* Required Fields]

Updated: August 19, 2019

SECTION 1: STUDENT PARTICIPANT INFORMATION (PLEASE PRINT)

*Full Name: _____
First Middle Last *Home Phone

*Address _____
Street Address Apt. *Cell Phone

_____ City State Zip Code Country *Date of Birth (MM/DD/YYYY)

*Email: _____
(Please print clearly to ensure an accurate email)

S M L XL XXL
T-Shirt Size (circle one)

*For housing purposes, please select: Male Female
Do you have any special housing requests? (ex. wheelchair accessible, etc.) If yes, please specify _____.

*Have you participated in NHI programs before? Yes No
If yes, please list program(s) and year(s):
Great Debate: _____ Year: _____
LDZ: _____ Year: _____

Optional Data Questions: This information is shared with NHI's College Register partner institutions as asked by the College Board for college admissions and scholarship purposes. This information is not required for admission to NHI programs.

Are you Hispanic/Latino/a/x? Yes No Prefer Not To Answer
If yes, what best describes your background? Central America Cuba México Puerto Rico South America
Spain Other _____ Prefer Not To Answer
If no, what is your race/ethnicity? American Indian or Alaskan Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White Prefer Not To Answer

SECTION 2: PROGRAM INFORMATION (SELECT ONE)

International CWS
mid-June 2020
University of South Florida
Tampa, Florida

Texas CWS
mid-July 2020
University of North Texas
Denton, Texas (DFW area)

Northeast CWS
late-July 2020
Elizabethtown College
Elizabethtown, Pennsylvania

SECTION 3: SCHOOL INFORMATION (PLEASE PRINT)

*School: _____ *Graduation Year: _____ *GPA: _____
*District: _____
*Counselor Name: _____ *Counselor Email: _____
Principal Name: _____ Principal Email: _____

SECTION 4: PARENT/GUARDIAN INFORMATION (PLEASE PRINT)

*Primary Contact: _____ *Cell Phone: _____
Occupation: _____ *Work Phone: _____
*Email: _____ *Relationship: Mother Father Family Member Guardian
*Primary email for all NHI email communications & NHI Online Account: _____
(Please print clearly to ensure an accurate email)
Secondary Contact: _____ Cell Phone: _____
Occupation: _____ Work Phone: _____
Email: _____ Relationship: Mother Father Family Member Guardian

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 TRANSFERABLE if the applicant cannot attend.

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

*Signature of authorizing parent/guardian: _____ Date: _____

*Name of authorizing parent/guardian: _____

SECTION 5: RECRUITED BY (IF APPLICABLE)

NOTE: If the applicant was recruited by a current or former NHI member, please add the name below. This supports the recruiter to be eligible for local and/or summer staffing opportunities at NHI programs.

Name: _____ Previous NHI Program: _____
(include site & date)
Email: _____

SECTION 6: 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, Texas 78656 USA
512-357-6137 / 512-357-2206 [fax]

FOR QUESTIONS OR MORE INFORMATION, PLEASE CONTACT:

admissions@nhimail.com

Shipping Address (FedEx/UPS/DHL)
National Hispanic Institute
472 FM 1966
Maxwell, Texas 78656 USA
512-357-6137 / 512-357-2206 [fax]

www.nationalhispanicinstitute.org