

**FOR ADMISSIONS OFFICE USE ONLY**

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



**2020 LDZ Application**

**\* Required Fields**  
 Updated: August 19, 2019

**APPLICATION REQUIREMENTS**

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

**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 and 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)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Colorado LDZ</b><br>June 21-28, 2020<br>Colorado State University-Fort Collins<br>Fort Collins, Colorado | <input type="checkbox"/> <b>California LDZ</b><br>mid/late-June 2020<br>University of San Diego<br>San Diego, California | <input type="checkbox"/> <b>National LDZ</b><br>early-July 2020<br>University of St. Francis<br>Joliet, Illinois    |
| <input type="checkbox"/> <b>New York LDZ**</b><br>mid-July 2020<br>University of Rochester<br>Rochester, New York                    | <input type="checkbox"/> <b>LDZ Las Americas**</b><br>mid-July 2020<br>Ciudad de Saber<br>Panama City, Panama            | <input type="checkbox"/> <b>TexasLDZ</b><br>July 25 - August 2, 2020<br>St. Mary's University<br>San Antonio, Texas |

\*\* **Bilingual program: Spoken English or Spanish as a second language is strongly advised.** English-only speakers and Spanish-only speakers may experience difficulties at these two programs. We strongly encourage English speakers to have at least two years of study in Spanish as a second language during middle school or high school for programs in Latin America. For Spanish speakers, we strongly encourage fluency in English or two years of middle school/high school English to attend programs in the United States.

### 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](http://www.nationalhispanicinstitute.org)