

FOR NHI ADMISSIONS OFFICE USE ONLY:

RD ___ / ___ / ___ ED ___ / ___ / ___

AMT ___ DATE ___ SPR ___

PM ___ CK ___ RD ___



WITH YOUR APPLICATION, INCLUDE:

\$20 APPLICATION FEE (non refundable)
(Payable to *National Hispanic Institute*)

MOST RECENT REPORT CARD

2017 Lorenzo De Zavala Youth Legislative Session Crossover Application

Section 1: Participant Information (PLEASE PRINT)

First, middle, last name _____

Address: _____

Street City State Zip Country

Email: _____

Home Number: _____ Cell Number: _____

Date of Birth: _____ Gender: Male Female
Month/Day/Year

T-shirt Size: Small Medium Large X-Large

Section 2: Program Choice Information

LORENZO DE ZAVALA YOUTH LEGISLATIVE SESSION SITES - SUMMER 2017

(Please number your choices 1-3)

CALIFORNIA LDZ
University of San Diego
San Diego, California

LDZ LAS AMERICAS
Ciudad del Saber
Panama City, Panama

NEW YORK LDZ
University of Rochester
Rochester, New York

TEXAS LDZ
Texas Lutheran University
Seguin, Texas (north of
San Antonio, south of
Austin)

COLORADO LDZ
Colorado State University
Fort Collins, Colorado

NATIONAL LDZ
Elmhurst College
Chicago, Illinois

MEXICO LDZ
Univ. de Monterrey
Monterrey,
Mexico (*tentative*)

**Dates and sites are subject to change based on host university availability. NHI alumni have first priority to change program sites.*

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)

First/Middle/Last

Email: _____

Home Number: (_____) _____ Cell Number:(_____) _____

Employer: _____ Occupation: _____

Secondary Contact: (Relationship Mother/Father/Legal Guardian)

First/Middle/Last

Email: _____

Home Number: _____ Cell Number: _____

Employer: _____ Occupation: _____

As the authorized parent/guardian, I 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 cancellation or withdrawal from the program, the \$20 application fee and \$150 deposit are NON REFUNDABLE. _____ (initials)

Como el padre/ tutor 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; a menos que esto sea explícitamente comunicado. También entiendo que todos los cargos, pagos, y colegiatura NO SON REEMBOLSABLES O TRANSFERIBLES si el solicitante no puede asistir.

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

Authorizing Parent or Legal Guardian Name: _____

Authorizing Parent or Legal Guardian 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: _____

FOR QUESTIONS AND MORE INFORMATION, CONTACT:

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

Karla Martinez
karla@nhimail.com
512-357-6137 ext. 206 (office)
847-373-5275 (cell)
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)