



Since 1979

NationalHispanicInstitute

Over 25 Years

**SECTION 1: PROGRAM SITES**

**Instructions:** Please write a #1 next to your first program choice and a #2 next to your second program choice.

**CHICAGO CWS**  
 Dominican University  
 Chicago, IL  
 July 2008

**NEW YORK CWS**  
 New York University  
 New York, NY  
 July 2008

**LONE STAR CWS**  
 Texas Christian University  
 Fort Worth, Texas  
 July 2008

**NOTE:** You must apply and attend the CWS in order to be eligible as an LDZ junior counselor.

**2008 CWS APPLICATION**

**SECTION 2: PERSONAL DATA (PLEASE PRINT CLEARLY)**

Name \_\_\_\_\_  
Last First Middle  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Stud. Cellular ( ) \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# (Optional) \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Previous NHI Programs? \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Program Year

**SECTION 3: HIGH SCHOOL INFORMATION**

To be filled out by Counselor or Registrar. School Certification should include overall grade point average for 9th and 10th grade. A High School transcript may be substituted.

G.P.A. \_\_\_\_\_ High School \_\_\_\_\_ Graduation Year 20\_\_\_\_  
*(On a 4.0 scale or percentage)*  
 H.S. Counselor Name \_\_\_\_\_  
 H.S. Signature \_\_\_\_\_  
 H.S. Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 H.S. Counselor E-mail \_\_\_\_\_

**SECTION 5: EMERGENCY INFORMATION**

Name of Parent/Guardian #1 \_\_\_\_\_  
 Title/Occupation \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Name of Parent/Guardian #2 \_\_\_\_\_  
 Title/Occupation \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**FOR OFFICE USE ONLY**

AMT \_\_\_\_\_ DATE \_\_\_\_\_  
 SPR \_\_\_\_\_ PM \_\_\_\_\_  
 CK \_\_\_\_\_ RD \_\_\_\_\_  
 DRG \_\_\_\_ DRF \_\_\_\_ DRGF \_\_\_\_  
 CA \_\_\_\_ MR? \_\_\_\_ PR? \_\_\_\_ FA \_\_\_\_ PA \_\_\_\_

**SECTION 6: TUITION, FEES, DEADLINES** *TUITION DOES NOT INCLUDE TRANSPORTATION TO AND FROM THE PROGRAM SITE.*

**Total Student Tuition for the 2008 CWS programs is \$430.00** This includes a \$20 application processing fee, \$75 deposit, and \$310 final payment (due according to the tuition deadline outlined in the student’s acceptance packet.) Your \$20 application is due on **August 31st**. Space in program is confirmed upon receipt of full tuition. All fees, deposits, and tuition are non-refundable.

**SECTION 7: PARENTAL AUTHORIZING SIGNATURES**

**MEDICAL TREATMENT AND HOSPITAL SERVICES CONSENT**

This is to certify that we the undersigned parents, do in the event that our son or daughter \_\_\_\_\_ becomes a participant member of the National Hispanic Institute’s Collegiate World Series, hereby consent and grant permission should the necessity arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician, and including the administration of an anesthetic, laboratory procedures, medical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s), and/or clinics to release necessary medical information to our local doctors and for use in claims for insurance coverage.

\_\_\_\_\_ ( ) \_\_\_\_\_ Our son/daughter is covered by \_\_\_ Yes \_\_\_ No  
 Name of Family Doctor Telephone Number Hospital Insurance:

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Name of Insurance Company Policy of Certificate Number Name of Parent (if group insurance)

**WAIVER OF PHYSICAL EXAMINATION STATEMENT**

This certifies that we the undersigned parents do waive the requirements for a physical examination of our son/daughter in the Collegiate World Series. We understand our responsibility to fully inform the National Hispanic Institute of any precautions and have attached medical records for use and reference by local physicians or medical personnel should the necessity arise.

**THE FAMILY HAS FULL RESPONSIBILITY TO INFORM NHI OF ANY MEDICAL PRECAUTIONS AND OR CONDITIONS, AND MEDICAL INFORMATION THAT MAY ARISE PRIOR TO THE PROGRAM INCLUDING THE PHYSICAL AND MENTAL HEALTH OF THE CHILD.**

**WAIVER OF CLAIM**

This will further certify that we the undersigned parents, in consideration for the benefits to be derived by our son/daughter, do certify that he/she may participate in any normal and routine recreational or exercise programs of the Collegiate World Series and hereby release and discard the National Hispanic Institute, its officers, agents, instructors, employees, and volunteers for any and all illness, injury or accident incurred or suffered by said son/daughter while traveling to, attendance at, or participation in the Collegiate World Series from the time of his/her departure from home until his/her return thereto. This authorization acknowledges understanding and agreement to the stipulations of the student’s application and participation in the program as stated in this release.

**AUTHORIZING SIGNATURES**

I, we certify that the information contained in this application is true and correct. We understand and agree to the stipulations of the student’s application and participation in the program as stated in this release. We understand the Collegiate World Series tuition, fees, and financial policy as described in this application. We understand that the Collegiate World Series is a fully supervised program of the National Hispanic Institute and that the program cost DOES NOT include transportation to and from the host university, unless otherwise stated. We further understand that program fees and costs are NOT refundable or transferable should the applicant be unable to attend the program. \_\_\_\_\_

Name of Father/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Mother/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 8: APPLICATION CHECKLIST**

**Application is due August 31st, 2008. Please make sure the following items are included:**

*(Physical address for UPS, DHL, or FedEx overnight mail ONLY: NHI, 472 FM 1966, Maxwell TX, 78656)*

- Sections 1 – 7 are complete
- \$20 Application Processing Fee
- Copy of most recent transcript or report card

*(NHI accepts check, money order. Please DO NOT send cash. These forms of payment may be mailed to NHI. NHI also accepts VISA, Mastercard, AMEX, or Discover credit and/or debit card payments. These forms of payment may be made at [www.nhi-net.org](http://www.nhi-net.org) or you may call these payments into our Business Office at 512-357-6137.)*