



2009 YLC APPLICATION

SECTION 3: PERSONAL DATA (PLEASE PRINT CLEARLY)

Name _____
First Middle Last

Address/Colony _____

City _____ State _____ Zip _____ County _____ Country _____

Student cell () _____ May NHI text you? _____ Y _____ N

Home Phone () _____ Sex ___ M ___ F Date of Birth _____

Previous NHI Programs? _____ T-Shirt Size: S, M, L, XL (Circle one)
Program Year

Please provide a reliable EMAIL to receive correspondence from NHI:
Email: _____

Facebook/Myspace Name: _____

SECTION 4: HIGH SCHOOL INFORMATION

INSTRUCTIONS: Please ask your high school counselor to fill out the section below along with AN ATTACHMENT of your most recent report card. It is acceptable to attach your end of year report card from the previous year.

G.P.A. _____ High School _____ Graduation YR 20 _____
(On a 4.0 scale or percentage)

H.S. Counselor Name _____

H.S. Counselor Signature _____

H.S. Address _____ City _____ State _____ Zip _____

School District _____ Phone () _____ Fax () _____

H.S. Counselor E-mail _____

SECTION 5: EMERGENCY INFORMATION

The primary parent contact for this student is: _____

1. Name of Parent/Guardian #1: _____

Title/Occupation _____

Place of Employment _____

Work Phone () _____ Cell () _____

May NHI text you on your cell about your child's file? _____ Yes _____ No

E-Mail Address: _____

2. Name of Parent/Guardian #2: _____

Title/Occupation _____

Place of Employment _____

Work Phone () _____ Cell () _____

May NHI text you on your cell about your child's file? _____ Yes _____ No

E-Mail Address: _____

Mail Application to: National Hispanic Institute, P.O. Box 220, Maxwell, TX 78656-0220.
Physical Address for FedEx/UPS/DHL delivery is 472 FM 1966, Maxwell, TX 78656-0220.

SECTION 1: PROGRAM SITES (*) indicates "tentative"

4-DAY GREAT DEBATE SITES

TEXAS GREAT DEBATE

Austin College
 Sherman, Texas
 June 11-14, 2009

MIDWEST GREAT DEBATE

Augustana College
 Rock Island, IL
 TBA 2009

SOUTHWEST GREAT DEBATE

Adams State College
 Alamosa, CO
 TBA 2009

TEXAS AMBASSADOR GREAT DEBATE

University of Texas at Austin
 Austin, TX
 July 30—August 2, 2009*

6-DAY GREAT DEBATE SITES

MIDWEST YLC PROJECT

DePauw University
 Green Castle, IN
 June 20—25, 2009

NORTHEAST YLC PROJECT

TBA 2009

NORTHWEST YLC PROJECT

TBA 2009

BIG BEND YLC PROJECT

TBA 2009

SECTION 2. NOMINATED BY:

If you were nominated by an NHI alumnus, fill in this information. (For NHI alumni, it is advisable that you fill this section out before giving it to your nominee.)

Name _____

Email _____

YLC Site and Year _____

FOR OFFICE USE ONLY	
AMT _____	DATE _____
SPR _____	PM _____
CK _____	RD _____

SECTION 6: TUITION, FEES, DEADLINES

TUITION DOES NOT INCLUDE TRANSPORTATION TO AND FROM THE PROGRAM SITE.

FOUR-DAY YLC STUDENT APPLICATION FEE	\$20	FOUR-DAY YLC STUDENT REGISTRATION FEE	\$450
SIX-DAY YLC STUDENT APPLICATION FEE	\$20	SIX-DAY YLC STUDENT REGISTRATION FEE	\$505

Note: A \$35 fee applies to Early and Regular applications who do not abide by the payment deadlines.

EARLY ADMISSION: Application and \$20 Application Fee must be submitted by **OCTOBER 10, 2008**. EARLY ADMISSION benefits include: Option to pay in **THREE installments and eligibility for a \$50 discount**. The installment payment deadlines are as follows:

FOUR-DAY YLC	\$90 Deposit—October 31st	\$180 Registration fee (50%)—November 14th	\$130* Balance—December 1st
SIX-DAY YLC	\$90 Deposit—October 31st	\$207.50 Registration fee (50%)—November 14th	\$157.50* Balance—December 1st

*NOTE: The last tuition payment of \$130 or \$157.50 takes into account a \$50 discount IF you are fully paid by December 1, 2008.

REGULAR ADMISSION: Application and \$20 Application Fee must be submitted by **November 14, 2008**. Payment Deadlines are as follows:

FOUR-DAY YLC	\$90 Deposit—December 1st	\$360 Registration Fee—December 19th
SIX-DAY YLC	\$90 Deposit—December 1st	\$415 Registration Fee—December 19th

NOTE: If you opt to pay in full (Application Fee & Registration Fee) by December 1, 2008, Regular Applicants will receive a \$50 discount.

LATE ADMISSION: Application and \$20 Application Fee may be postmarked between **DECEMBER 1, 2008 - FEBRUARY 27, 2009**. **ENTIRE REGISTRATION FEE OF \$450 FOR THE FOUR-DAY YLC AND \$505 FOR THE SIX-DAY YLC IS DUE UPON NOTICE OF ADMISSION.**

SECTION 7: PARENTAL AUTHORIZING SIGNATURE, INDEMNITY CLAUSE & STATEMENT OF PARTICIPANT PHYSICAL AND PSYCHOLOGICAL/EMOTIONAL STATUS

This waiver certifies that I, as the authorized parent/guardian, waive the requirements for physical examination of our son/daughter in the Young Leaders Conference. I fully understand my responsibility to fully inform the National Hispanic Institute of any precautions and have attached medical records as may be needed for use and reference by attending local physicians or medical personnel that advises them and the National Hispanic Institute of any physical and/or emotional/psychological conditions that could potentially restrict or inhibit my child's eligibility to gain admission or participate fully in any activity.

I am also fully aware as the authorizing parent that there are inherent risks to my child involved with this activity, including but not limited to: bodily injury or harm, sickness or disease, emotional distress, stress induced or related illness or death to persons whether arising on account of a particular physical or mental activity, requirement, or demand that arises directly or indirectly in connection with the performance of any physical or mental activity initiated by NHI, its subsidiaries, affiliates, successors and/or assigns, and any or all of their employees, volunteers, contractors, members, agents, owners, and directors.

This further certifies that I, the undersigned parent, 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 Young Leaders Conference and hereby release 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 YLC from the time of his/her departure from home until his/her thereto.

As the authorized parent, I further certify that in the event that our son/daughter, _____ becomes ill, I consent and grant permission should the necessity arise, to the treatment of medical 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.

Name of Family Doctor

(_____)
Telephone Number

Our son/daughter is covered by _____ Yes _____ No
Hospital Insurance:

Name of Insurance Company

Policy of Certificate Number

Name of Parent (if group insurance)

AUTHORIZING SIGNATURES

I, as the authorized parent/guardian certify that the information contained in this application is true and correct. I understand and agree to the stipulations of the student's application and participation in the program as stated in this release. I understand the Young Leaders Conference tuition, fees, and financial policy as described in this application. I understand that the Young Leaders Conference 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. I further understand that program fees and costs are NOT refundable or transferable should the applicant be unable to attend.

Name of Parent/Guardian _____ Signature _____ Date _____

SECTION 8: APPLICATION CHECKLIST

APPLICATION IS DUE OCTOBER 10 FOR EARLY ADMISSION OR NOVEMBER 14 FOR REGULAR ADMISSION. USE THE CHECKLIST BELOW TO FINALIZE YOUR APPLICATION:

- Sections 1 – 8 are complete
- I am attaching a copy of my most recent transcript or report card (previous year's last 6 weeks is acceptable)
- I am (check one):
 - _____ enclosing a \$20 Application Processing Fee made payable to NHI
 - _____ paying the \$20 application fee online at www.nhi-net.org
 - _____ giving NHI's information to a sponsor to pay the \$20 application fee

(NHI accepts check or money orders made payable to "NHI" with the student's name in the memo. DO NOT SEND CASH. NHI also accepts VISA, Mastercard, AMEX, or Discover credit and/or debit card payments. Pay at www.nhi-net.org (hit "Make Payment") or call payments into our Business Office at 512-357-6137 x212 M-F, 9:00 a.m.—12:00 noon; 1:30 p.m.—6:00 p.m. Central Standard Time. Se habla español.

NHI - P.O. Box 220, Maxwell, TX 78656 - 512-357-6137 phone - 512-357-2206 fax - www.nhi-net.org

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