

**2008 ALUMNI APPLICATION**

**SECTION 1: PROGRAM SITES**

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

**\_\_\_ COLORADO LDZ**

Situated in the Rocky Mountains the Colorado LDZ has provided students west of the Mississippi with an exclusive experience.

**\_\_\_ LDZ LAS AMERICAS\***

Young Latinos preparing to interface with the global community have prioritized this LDZ for the past three years.

**\_\_\_ EAST COAST LDZ**

The East Coast is home to great universities, cities, and a long-standing tradition of political innovation. Experience the LDZ miles from Philadelphia, New York, Boston or Washington, DC.

**\_\_\_ NATIONAL LDZ**

The windy city of Chicago has been host to the National LDZ for over a decade. It attracts students from all over the country to create NHI's most diverse leadership programs in America's third largest city.

**\_\_\_ TEXAS LDZ**

The Flagship program of the National Hispanic Institute located in the heart of central Texas, and provides participants with the largest arena for learning.

**SECTION 2. NOMINATED BY:**

If you were nominated by an NHI alumnus, please fill in this information:

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 LDZ Site and Year \_\_\_\_\_

**SECTION 3: PERSONAL DATA (PLEASE PRINT CLEARLY)**

Name \_\_\_\_\_  
Last First Middle  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Stud. Cellular ( ) \_\_\_\_\_  
 May NHI text you on your cell phone with important information? Y \_\_\_ N \_\_\_  
 Home Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 M/F \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# (Optional) \_\_\_\_\_ - \_\_\_\_\_  
 Previous NHI Programs? \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Program Year

**SECTION 4: HIGH SCHOOL INFORMATION**

Fill out the section below with academic information. Have counselor sign or attach a copy of your most recent transcript or report card.

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 ( ) \_\_\_\_\_  
 May NHI text you on your cell about your child's file? Y \_\_\_ N \_\_\_  
 E-Mail Address \_\_\_\_\_  
 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? Y \_\_\_ N \_\_\_  
 E-Mail Address \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

National Hispanic Institute

## SECTION 6: ACCOMPLISHMENTS AND PHOTOGRAPH

All applicants are required to send the following items with their application:

- List of accomplishments/honors/awards.
- Photograph (head shot) suitable for publishing in the LDZ directory.

## SECTION 7: TUITION, FEES, DEADLINES

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

**Total Student Tuition for ALL 2008 LDZ programs is \$595.00**

This includes a \$20 application processing fee, \$100 deposit, and \$475 final payment (due according to the tuition deadline outlined in the student's acceptance packet.) Your \$20 application is due on **August 31st** to reserve your spot in the program. Failure to meet the deposit deadline or other tuition deadlines might cause you to be transferred to a different program site or incur a late fee. All fees, deposits, and tuition are non-refundable. **Special offer: Pay in full by August 31st and pay only \$545. This is a \$50 Reduction Reward.**

## SECTION 8: 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 Lorenzo de Zavala Youth Legislative Session, 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.

\_\_\_\_\_  
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)

### WAVIER 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 Lorenzo de Zavala Youth Legislative Session. 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 Lorenzo de Zavala Youth Legislative Session 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 Lorenzo de Zavala Youth Legislative Session 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 Lorenzo de Zavala Youth Legislative Session tuition, fees, and financial policy as described in this application. We understand that the Lorenzo de Zavala Youth Legislative Session 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 9: APPLICATION CHECKLIST

**Application is due August 31, 2007. 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 – 8 are complete
- Photo (Write "LDZ" and YOUR NAME on the back.)
- Copy of most recent transcript or report card
- List of awards/honors/accomplishments from 9<sup>th</sup> grade to the present
- \$20 Application Processing Fee

*(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.)*