



Since 1979

NationalHispanicInstitute
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2008 GREAT DEBATE 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.

_____ **TEXAS GREAT DEBATE**

Austin College
Sherman, TX
June 12-15, 2007

_____ **TEXAS AMBASSADOR GREAT DEBATE**

San Antonio, TX
July 2008

_____ **SOUTHWEST GREAT DEBATE**

Adams State College
Alamosa, CO
July 2008

_____ **MIDWEST GREAT DEBATE**

Augustana College
Rock Island, IL
July 2008

SECTION 2. NOMINATED BY:

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

Name _____

Phone _____

YLC 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 _____

NationalHispanicInstitute

SECTION 6: TUITION, FEES, DEADLINES

Total Student Tuition for the Young Leaders Conference Great Debate program is \$425.00

This includes a \$20 application processing fee, \$75 deposit, and \$330 final payment (due according to the tuition deadline outlined in the student's acceptance packet.) Your \$20 application is due on **December 15, 2007** 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.

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

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 Young Leaders Conference, 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 Young Leaders Conference. 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 Young Leaders Conference 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 Young Leaders Conference 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 Young Leaders Conference tuition, fees, and financial policy as described in this application. We 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. 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 **December 15, 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 – 7 are complete
- Copy of most recent transcript or report card
- \$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 or you may call these payments into our Business Office at 512-357-6137.)