



SECTION 4: PERSONAL DATA (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 _____

T-Shirt Size: S, M, L, XL (Circle one) E-mail: _____

SECTION 1: PROGRAM SITES

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

____ **COLORADO LDZ**
Colorado State University
Fort Collins, CO
June 20, 2010 - June 27, 2010

____ **NATIONAL LDZ ***
2010 TBA

____ **LDZ LAS AMERICAS***
Ciudad del Saber de Panama
Panama City, Panama
July 25, 2010 - August 1, 2010

____ **NEW YORK LDZ**
University of Rochester
Rochester, NY
July 11, 2010 - July 18, 2010

____ **TEXAS LDZ**
Southwestern University
Georgetown, TX
July 18, 2010 - July 25, 2010

SECTION 5: 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 or transcript. 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 2: ACCOMPLISHMENTS

Attach a brief list of your extracurricular activities including awards, honors, and volunteer work from 9th grade to the present.

SECTION 3: NOMINATION

If you were nominated by an NHI high school alumnus, fill out the section below. (Junior Counselor candidates should fill this section out prior to distributing application.)

Name _____

Email _____

LDZ Site and Year _____

SECTION 6: EMERGENCY INFORMATION

1. Name of Parent/Guardian: _____

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: _____

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 _____

FOR OFFICE USE ONLY

AMT _____ DATE _____

SPR _____ PM _____

CK _____ RD _____