



AMERICAN LEGION CONNECTICUT STATE POLICE YOUTH WEEK



2017 APPLICATION (REPRODUCIBLE)

Name _____

Address _____
Street/Road City/Town State Zip Code

Age ____ Gender ____ Birth Date _____ Grade Completed 2017 ____ G.P.A. ____

Parent(s) / Guardian(s) Name(s) _____

Home Telephone _____ Parent Cell Phone _____

E-mail Address _____ Student Cell Phone _____

Shirt Size ____ (S, M, L, XL) Pant Size _____ (Waist X Inseam) SSN _____

High School _____ School Telephone _____

School Address _____
Street City/Town State Zip Code

Sponsoring Post (or organization) _____ Telephone _____ Post No. _____

Sponsor Address _____

I voluntarily apply to attend the Connecticut American Legion State Police Youth Week at the Connecticut State Police Academy at Meriden, CT, **Sunday, July 9th to Saturday, July 15th, 2017**. I understand that I must have completed Junior Year (11th grade) at an accredited Connecticut high school by the date on which the program begins. I must not have already left or graduated from high school. I understand that the program is physically and mentally challenging, requiring that I be physically fit and in good academic standing. I agree that, if selected, I will provide a Waiver and Indemnification Agreement, Consent to Medical Treatment and a Medical Certification of Fitness.

Signature of Applicant

Signature of Parent/Guardian

SUBMIT THIS APPLICATION TOGETHER WITH:

- A **ONE-PAGE PERSONAL STATEMENT**, handwritten or typed, stating your reasons for applying to participate in the program and what you hope to achieve, **AND**
- A **RECOMMENDATION** from a Teacher, Guidance Counselor, School Resource Officer, or Resident Trooper.

Submit Application Packet to:
THE AMERICAN LEGION DEPARTMENT OF CONNECTICUT
864 WETHERSFIELD AVE., HARTFORD, CT 06114

COMPLETE APPLICATION PACKET
AND \$125.00 NON-REFUNDABLE REGISTRATION FEE
MUST BE RECEIVED NO LATER THAN JUNE 19TH 2017.

ATTACH
RECENT
PHOTOGRAPH
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