



# AMERICAN LEGION CONNECTICUT STATE POLICE YOUTH WEEK



## 2025 APPLICATION (REPRODUCIBLE)

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street/Road City/Town State Zip Code

Age \_\_\_\_ Gender \_\_\_\_ Birth Date \_\_\_\_\_ Grade Completed 2025 \_\_\_\_ 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)

High School \_\_\_\_\_ Telephone \_\_\_\_\_

School Address \_\_\_\_\_  
Street City/Town State Zip Code

Driver's License/Learner's Permit Number \_\_\_\_\_ State \_\_\_\_\_ (If you have one)

Financial Sponsor (or organization) \_\_\_\_\_ Telephone \_\_\_\_\_ Post No. \_\_\_\_

Financial 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 27th to Saturday, August 2nd, 2025**. 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 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.

**\*\* YOUTH WEEK CADETS WILL BE REQUIRED TO STAY OVERNIGHT IN A DORMITORY TYPE ENVIRONMENT, NO EXCEPTIONS \*\***

It is DESPP's policy to foster a diverse and fair environment, and to offer programs and services in a manner that is consistent with state and federal laws that prohibit discrimination and harassment based on a person's protected class.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

### SUBMIT THIS APPLICATION TOGETHER WITH:

- ☐ A ONE-PAGE PERSONAL STATEMENT, typed, stating your reasons for applying to participate in the program and what you hope to achieve,  
**AND**  
☐ A RECOMMENDATION from a public official such as a; Teacher, Guidance Counselor, Law Enforcement Officer or Fire Department Official.

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 6, 2025.

ATTACH  
RECENT  
PHOTOGRAPH  
HERE