



# AMERICAN LEGION CONNECTICUT STATE POLICE YOUTH WEEK



## 2026 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, August 2nd to Saturday, August 8th, 2026**. 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.

**\*\* 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 5, 2026.**

**ATTACH  
RECENT  
PHOTOGRAPH  
HERE**