



AMERICAN LEGION CONNECTICUT STATE POLICE YOUTH WEEK



2018 APPLICATION (REPRODUCIBLE)

Name _____

Address _____
Street/Road City/Town State Zip Code

Age ____ Gender ____ Birth Date _____ Grade Completed 2018 ____ 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 _____ School Telephone _____

School Address _____
Street City/Town State Zip Code

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 8th to Saturday, July 14th, 2018**. 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

**ATTACH
RECENT
PHOTOGRAPH
HERE**

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 APRIL 23rd 2018.**