

## AMERICAN LEGION CONNECTICUT STATE POLICE YOUTH WEEK



## **2024 APPLICATION (REPRODUCIBLE)**

Name _						
Address	S	had.	City/Tow		4-4-	Vin On de
						Zip Code
Age	Gender	_ Birth Date		Grade Completed 2	024 G.F	P.A
Parent(s) / Guardian(s) Name(s)						
Home TelephoneParent 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						,
Financial Sponsor (or organization)Telephone Post No						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 11 <sup>th</sup> to Friday, August 16 <sup>th</sup> , 2024. 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 **						
			conment, and to offer pr person's protected clas	ograms and services in a manner t s.	hat is consistent with	state and federal laws that
Signature of Applicant						
	ATTACH RECENTIOTOGRA HERE			Signature of Parent/Guardian		
		IT RAPH	SUBMIT THIS APPLICATION TOGETHER WITH:  A ONE-PAGE PERSONAL STATEMENT, typed, stating your reasons for ap to participate in the program and what you hope to achieve,		ITH:	
					our reasons for applying	
				<u>AND</u> <u>NDATION</u> from a public off Enforcement Officer or Fire		

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

COMPLETE APPLICATION PACKET
AND <u>\$125.00</u> NON-REFUNDABLE REGISTRATION FEE
MUST BE RECEIVED NO LATER THAN June 7, 2024.