



The American Legion, Department of Michigan Student Trooper Programs

1st Program Scheduled – July 15 – July 20, 2012

2nd Program Scheduled – Aug. 5 – Aug. 10, 2012

e-mail: programs@michiganlegion.org

website: www.michiganlegion.org

INSTRUCTIONS: Available to **only** Michigan high school students entering 10th, 11th and 12th grades. Qualifications are must be in good health, capable of strenuous exercise, handle strict discipline, minimum G.P.A. of 2.5 or higher, must have **no** juvenile or criminal record, and have an interest in criminal justice. This form must be completely filled out. Failure to do so may jeopardize acceptance into the program. **Submit this form along with a check for \$350 from your sponsor (sponsors are clubs, high schools, churches, businesses, organizations and family) to The American Legion, Department of Michigan, 212 North Verlinden Ave., Ste. A, Lansing, MI 48915 by the deadline date of June 4, 2012 (for the First Program) and July 2, 2012 (for the Second Program).**

APPLICANT'S INFORMATION:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of Birth: _____

Height: _____ Weight: _____ Age: _____ Grade (circle one): 10th / 11th / 12th

Gender (circle one): Male / Female T-Shirt Size (circle one): S / M / L

Father's Name: _____ Mother's Name: _____

Local Area Newspaper: _____

Circle Preferred Program Attendance Date: July 15 – July 20, 2012 or Aug. 5 – Aug. 10, 2012
(If we are unable to comply with your requested date of attendance, you will be notified)

Special Food Diets (Mark any items that apply): Vegetarian _____

Food Allergy (attach list if needed) _____

PARENT(S) INFORMATION IF DIFFERENT FROM APPLICANT:

Address _____

City: _____ State: _____

Zip: _____

Telephone: _____

Brief statement of why you want to attend the program:

SPONSORSHIP INFORMATION (Sponsor(s) Pay Program Fee of \$350):

Name of Sponsoring Organization (If More Than One Sponsor, List Them By Primary Sponsor First and the Amount of Their Contribution:

NAME

AMOUNT OF CONTRIBUTION

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Address: _____

City: _____ State: _____ Zip: _____

Sponsor's Email Address: _____

Contact Sponsor Person's Name: _____ Telephone #: _____

Recruiter's Name (if different from Sponsor): _____

Address: _____

City: _____ State: _____ Zip: _____

HIGH SCHOOL INFORMATION: This information needs to be provided by your high school.

High School Attending: _____

Cumulative G.P.A.: _____

High School Official Signature Verification of G.P.A.: _____

PHYSICAL EDUCATION TEACHER OR COACH: The agility test needs to be conducted and signed by your high school's physical education teacher or coach. The agility test consists of 10 Sit-ups, 5 Push-ups and a ½ Mile Run (run has a 4 ½ minute time limit) and must be completed within a **10 minute time period.**

High School P.E. Teacher's or Coach's signature: _____

Date: _____