



# The American Legion, Department of Michigan Student Trooper Programs



1<sup>st</sup> Program Scheduled – June 26 – July 1, 2011

2<sup>nd</sup> Program Scheduled – July 24 – July 29, 2011

e-mail: [programs@michiganlegion.org](mailto:programs@michiganlegion.org)

website: [www.michiganlegion.org](http://www.michiganlegion.org)

**INSTRUCTIONS:** Available to **only** Michigan high school students entering 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> 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 \$300 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 May 2, 2011 (for the First Program) and June 6, 2011 (for the Second Program).**

**APPLICANT'S INFORMATION:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (circle one): 10<sup>th</sup> / 11<sup>th</sup> / 12<sup>th</sup>

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: June 26–July 1, 2011 or July 24 – July 29, 2011  
(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 \$300):**

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. _____	_____
6. _____	_____

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: \_\_\_\_\_