



# The American Legion, Department of Michigan Student Trooper Programs



1<sup>st</sup> Program Scheduled – June 27 – July 2, 2010

2<sup>nd</sup> Program Scheduled – August 22 – 27, 2010

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 in 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. Any student who has previously attended The American Legion, Department of Michigan Student Trooper Program is not eligible to apply again. 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 3, 2010 (for the First Program) and June 15, 2010 (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 (no guarantees to request): June 27–July 2, 2010 or August 22–27, 2010

Special Menu Needs (check relating options): 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 Sponsor(s): \_\_\_\_\_ Telephone #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_