



The American Legion, Department of Michigan Student Trooper Program



Program Date: July 14-19, 2019
Deadline to Apply: May 20th, 2019

Requirements: Available **only** to Michigan high school students entering 10th, 11th and 12th grades in the Fall of 2018 and are 16 to 18 years old. Student 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. All forms must be completely filled out. Failure to do so may jeopardize acceptance into the program. Submit all forms along with a check for \$390 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 20th, 2019**. Applicants will be contacted after the May 27th deadline to notify them of their acceptance or denial into the program.

APPLICANT'S INFORMATION:

Full Name: _____ Date of Birth: ___/___/___

Address: _____

City: _____ State: Michigan Zip: _____ Telephone: (____) _____

Email: _____

Height: ___' ___" Weight: _____ Age: _____ Grade Entering in Fall 2018: 10th 11th 12th

Gender: Male Female T-Shirt Size : S M L XL

Special Food Diets (Mark any items that apply): Vegetarian Food Allergy _____
(attach list if needed)

Parent Name: _____

Phone Number: _____ Email: _____

Address(if different from applicant) _____

City: _____ State: _____ Zip: _____

Brief statement of why you want to attend the program (Required):

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

High School Attending: _____

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

PHYSICAL EDUCATION TEACHER OR COACH: The agility test must 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: _____

SPONSORSHIP INFORMATION (Sponsor(s) Pay Program Fee of \$390): Refund Policy: For a full refund to sponsor(s) for non-attendance send cancellation notice to legion@michiganlegion.org or fax to 517-371-2401 prior to June 21, 2019. No refunds will be issued after June 21st. If applicant is not accepted into the Student Trooper program a refund will be promptly issued back to the sponsor(s) listed on this application.

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

Name:	Amount:
1. _____	_____
2. _____	_____
3. _____	_____

Primary Sponsor Address _____

City: _____ State: _____ Zip: _____

Sponsor's Email Address: _____

Contact Name: _____ Telephone #: _____

If you are sponsored by an American Legion Post/Squadron/Unit, what # _____ District: _____

Contact Name: _____ Email: _____