



**The American Legion  
Department of Michigan  
Student Trooper Program**



Program Date: June 11-16, 2023  
Deadline to Apply: April 10<sup>th</sup>, 2023

Requirements: Available **only** to Michigan high school students. Must be 16 to 18 years old and entering 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grades in the Fall of 2022. 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. Application must be completely filled out. Failure to do so may jeopardize acceptance into the program. Submit this application along with a check for \$475 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 April 10<sup>th</sup>, 2023**. Applicants will be contacted after the deadline to inform them of their acceptance or denial into the program.

**APPLICANT'S INFORMATION(Required):**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

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

City: \_\_\_\_\_ State: Michigan Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Email(Required): \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Do you have a Level 2 Driver's License (please indicate)? Yes  No

*Applicant must have a Level 2 driver's license in order to participate in the driving portion of the school.*

Height: \_\_\_' \_\_\_" Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering in Fall 2022:  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

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)

**Parental Information (Required):**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Phone #: \_\_\_\_\_ Father's Phone #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

**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 \$475): Refund Policy:** For a full refund to sponsor(s) for non-attendance send cancellation notice to [legion@michiganlegion.org](mailto:legion@michiganlegion.org) or fax to (517) 689-6100 prior to June 1st, 2023. No refunds will be issued after June 2nd. 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):**

<b>Name:</b>	<b>Amount:</b>
1. _____	_____
2. _____	_____
3. _____	_____

Primary Sponsor Address \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_