



# 2017 MCPD Youth Leadership Academy Application

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

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

Telephone Number: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ School (entering in fall): \_\_\_\_\_

Grade Level (entering in fall) 7<sup>th</sup> \_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Allergies / Special Needs: \_\_\_\_\_

Short Size: (Youth/Adult) S M L XL XXL Shirt Size: S M L XL XXL

**Why do you want to attend the MCPD Youth Leadership Academy?**

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**Application Due by June 2<sup>nd</sup>, 2017 at Noon to the Michigan City Police Department**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_