

LOWER PAXTON TOWNSHIP POLICE DEPARTMENT

2014 YOUTH POLICE ACADEMY July 14-18, 2014

Application for admission

Deadline for submission is April 30, 2014 at 5:00 PM

NOTE: Applicants must be at least 13-15 years of age, a resident of Lower Paxton Township, and have a GPA of 2.0 or higher. Incomplete and/or unsigned applications will not be considered.

First Name:	Last Name:	Age:
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Date of Birth:	School attending/Grade/GPA:
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Street Address:

City:	State:	Zip:
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Home Telephone:	e-mail address:
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Parent/Guardian Name:

Contact information (cell/work number):

Parents must provide a contact number that can be reached during class hours in case of emergency.

Emergency contact information:

Medical/Physical Limitations/Allergies:

Please provide a short written narrative telling us a bit about yourself and why you wish to attend the Lower Paxton Township Youth Academy (May use a separate sheet)

Please review your answers carefully and read the statement below before signing the application.

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to the questions. I understand that any omission or false statement on this applications shall be sufficient grounds for rejection for enrollment or dismissal from the Citizens' Academy.

I acknowledge all the information contained will be solely for the Citizen's Police Academy and for no other purpose.

I hereby authorize the Lower Paxton Township Police Department to make an examination of the foregoing information for the purpose of evaluating my application.

Applicant's Signature:

Date:

Parent/Guardian Signature:

Date:

Completed applications should be returned to:

**Youth Police Academy
Lower Paxton Township Police Department
425 Prince Street
Harrisburg, PA 17109
(717) 657-5656**

Contact Officer LuAnna Brook with any questions

Upon acceptance into the Youth Academy a \$25.00 fee will be required.

ALL APPLICANTS ARE SUBJECT TO A BACKGROUND INVESTIGATION INCLUSIVE OF CRIMINAL HISTORY, POLICE CONTACTS, SCHOOL DISCIPLINE, ATTENDANCE, AND PERSONAL REFERENCES. BY SIGNING BELOW YOU AUTHORIZE THE LOWER PAXTON TOWNSHIP POLICE DEPARTMENT TO GATHER ANY AND ALL INFORMATION FOR THE PURPOSE OF ACCEPTANCE INTO THE YOUTH ACADEMY. THE LOWER PAXTON TOWNSHIP POLICE DEPARTMENT RESERVES THE RIGHT TO DETERMINE AN APPLICANT'S PARTICIPATION.